



GOODS IN TRANSIT

Argus Insurance Company (Europe) Limited
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Please complete in full the relevant sections and submit it to:
Argus Insurance Company (Europe) Limited, P.O. Box 45, Regal House, Queensway, Gibraltar.
If any sections are not applicable please add N/A.

INSURED

Full Name:

Policy No.:

Address:

Postcode:

Business or Occupation:

(incl. part-time occupation)

Phone No. Home:

Mobile No.

Work:

E-mail:

VEHICLE / DRIVER

Make/Type of Vehicle:

Registration Number:

If vehicle was unattended at the time of loss or damage:

Where was it parked?

How was it secured/immobilised?

Name and address of driver:

Age:

Date commenced employment:

CIRCUMSTANCES

Date:

Time:

Place of incident:

State fully how incident occurred:

Was matter reported to police:

Officer No. or Station reported to:

In your opinion was loss caused by the fault of any person or persons and if so give name and address of such person or persons?

Were there any witnesses to the loss? If so give name and addresses:

Has any claim been made against you?

PROPERTY DETAILS

Name and address of the owner of the goods involved:

Description of goods involved:

Total value of goods in transit at the time of the occurrence:

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Weight of whole consignment:

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Who signed for the consignment upon collection?

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Who signed for the consignment upon delivery?

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What conditions of carriage apply to this consignment? RHA/CMR/**OTHER**:

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Where "**OTHER**" please supply copy of conditions.

Where can damaged goods be inspected?

COMPLAINTS PROCEDURE

Our aim is at all times to provide a first class standard of service. However, there may be occasions when you feel that this objective has not been achieved. Should you have any query or complaint regarding this insurance please write to Argus Insurance Company (Europe) Limited, PO Box 45, Regal House, 3 Queensway, Gibraltar. If you are dissatisfied with the response you receive you should write to the Department of Consumer Affairs, 10 Governor's Lane, Gibraltar.

DATA PROTECTION ACT – INFORMATION USES

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators). With limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution. The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true, correct and complete to the best of your knowledge and belief, and that all material facts have been disclosed. A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or application of cover under the terms and conditions of your policy. If you are in any doubt as to whether a fact is material, you must disclose it. Failure to do this may mean that your policy becomes invalid and a claim payment will not be made.

I / We declare that the foregoing particulars to be correct to the best of my/our knowledge and belief. I /We understand that you may seek information from Other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advise in relation thereto.

DECLARATION

I / We declare that the foregoing particulars to be correct to the best of my/our knowledge and belief.

Policyholder's Signature:

Date: