

Loss Certificate Application Form

Goods-in-Transit

Date of Application

Applicant Name

Company Name (if applicable)

Address

Contact Number/Email

Insurance Policy Number

Transit Details (Route, Transporter, Vehicle No., etc.)

Description of Goods

Date & Time of Loss

Place of Loss

Circumstances & Cause of Loss

Reported to Authorities (Police, Transport Company, etc.)

Amount Claimed (if known)

Any Other Relevant Information

Declaration

I hereby declare that the above information is true and correct to the best of my knowledge.

Signature of Applicant

Date

Important Notes:

- Ensure all information provided is complete and accurate to avoid delays in processing.
- Attach any supporting documents, such as police reports, invoices, or transport receipts, if available.
- This form is typically required by insurance companies for claim assessment related to goods lost or damaged during transit.
- Submission of this application does not guarantee approval of the claim; further investigation may be conducted.