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## NICO INSURANCE ZAMBIA LIMITED

### GOODS-IN-TRANSIT CLAIM FORM

*The issue of this claim form is not to be taken as an admission of Liability.*

1. Name of Insured: -----
2. Address: -----
3. Policy Number: -----
4. Full Address at which damaged goods may be seen: -----  
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5. Date of Loss : \_\_\_\_\_
6. Give full details of how the loss occurred:  
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7. In the case of loss by theft, have the Police been notified?  
If so, give name of Station and date of notification:  
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8. Do the goods belong to you,  
if not, give full details of owners: -----  
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9. Are there any other insurance covering this loss? -----
10. What was the total value the goods being transported? -----
11. Amount of Loss? -----  
(The attached Schedule must be completed)

I / We hereby declare that the property described herein was lost / damaged during the course of the journey covered by the Policy and I / we further declare the correctness of the information given.

**Signature:**

**Date:**

**GOODS IN TRANSIT CLAIM FORM - SCHEDULE**

**A. DAMAGED ARTICLES**

Item No.	Description	Nature of Damage/ Estimated Value of Repairs	Estimated Cost before transit

**B. ARTICLES LOST**

Item No.	Description Amount	When and where Acquired	Purchased or Price Paid	Deduction for age