



Claims Directorate
Liability, Transport and Credit
Claims Department

Notice no. _____

**TRANSPORT INSURANCE
LOSS NOTICE**

1. Details of claimant -applicant Claimant _____ ID no. _____ Address _____ e-mail _____ telephone _____
2. Details of insured Insured _____ ID no. _____ Address _____ e-mail _____ telephone _____
3. Policy number _____
4. Date of loss _____ Place of loss _____
5. Vehicle, reg. no. _____
6. Type of damaged goods _____
7. Amount of loss – claim breakdown
8. Description and cause of loss
9. Payment account _____

In _____, Date _____

_____ for Insured/Policyholder