



Were goods dispatched by Road, Rail, Air or Post? .....

Has a claim been made against Carrier? YES/NO

If goods dispatched by Post, whether Letter, Parcel or Registered, was proof of posting obtained? YES / NO

Has claim been made on Post Office? YES / NO

Registered number of vehicle ..... Make .....

State whether principal Contractor or Sub-contractor, and give details

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Description and weight of load lost or damaged .....

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Name and address of person driving .....

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(The driver's signed statement must be attached)

If another vehicle is involved give name and address of the owner and particulars of the vehicle .....

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Name and address of any witness .....

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If due to collision give a detailed description of circumstances and sketch below .....

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### COLLISION – ROUGH PLAN OF ACCIDENT

Please show (a) name and approximate widths of roads and  
(b) tracks of vehicle

I warrant the truth of the foregoing statements.

Signature .....

Date .....