

**CLAIM FORM – GOODS IN TRANSIT (GIT)**

This Claim Form is issued without prejudice to the terms and conditions of the policy and the issuance of this form should not be construed as admission of Liability. If any detail of information is not readily available, please do not delay dispatch of this report. Such particulars may be sent later.

All written communications should be forwarded to the Company at the address below.

<b>Claim Number</b>	
<b>Policy Number</b>	
<b>Certificate Number</b>	
<b>Certificate issue date</b>	
<b>Insured Name</b>	
<b>Loss Location</b>	
<b>Loss Date</b>	
<b>Cause of Loss</b>	
<b>Description of Loss or damage</b>	
<b>Transportation type</b>	
<b>Type of Damage</b>	

**ENAYA INSURANCE COMPANY (K.S.C.C)**

AN ALGHANIM INDUSTRIES COMPANY

CR NO. 118271; Capital: 10,000,000 KD

Mailing address: P.O Box 5859, Safat 13059, Kuwait

Office address: Floor 74, Al Hamra Tower, Al Shuhadaa Street, Sharq, Kuwait

Tel: +965 1822200 - Fax: +965 24969071 - Email: [help@enaya.com](mailto:help@enaya.com) - Website: [www.enaya.com](http://www.enaya.com)

**شركة عناية للتأمين (ش.م.ك.م)**

إحدى شركات صناعات الغانم

سجل تجاري: ١١٨٢٧١، رأس مال ١٠,٠٠٠,٠٠٠ د.ك

ص.ب: ٥٨٥٩، الصفاة ١٣٠٥٩، الكويت

العنوان: الدور ٧٤، برج الحمراء، شارع الشهداء، شرق، الكويت

<b>Extent of Damage (Partial loss/Total loss)</b>	
<b>Claim Estimate Amount</b>	
<b>Letter of Reserve issued</b>	

I declare that to the best of my knowledge and belief these particulars are full and true. I agree to provide any further information that may be required.

The above required document is not final, and the company may ask for additional documents on a case-to-case basis.

**The required documents as detailed hereunder:**

- Delivery note
- Letter of Reserve if not issued, please issue the letter of reserve against the Carrier Truck Details
- Driver Civil ID & Driver license  
copy Repairing Quotation
- Commercial invoice
- Packing list Damaged Photos  
Contact Details
- Pre-Risk Survey conducted prior staffing the goods inside the carrier Track.

**Place:**

**Date:**

**Signature of Policyholder  
(Stamp/ Seal of the Company)**

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