

# Goods in Transit Claim Form



## Important Information

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The issue and acceptance of this Form does NOT constitute an admission of liability by Chubb Insurance Malaysia Berhad (Chubb) or waiver of its rights.

The information requested and documents mentioned in this form are a general guide. Further documents or information may be required depending on the circumstances of your claim. Note that failure to provide supporting documentation may result in delays in the processing of your claim.

## Section A: Particulars of Policyholder / Insured Person

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Name of Sender (as per Booking Note)

[Click here to enter text.](#)

Booking ID

[Click here to enter text.](#)

Goods Received

[Click here to enter text.](#)

Date

Pick up Address

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

Postal Code

[Click here to enter text.](#)

Delivered To Address

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

Postal Code

[Click here to enter text.](#)

Tel No.

[Click here to enter text.](#)

Email

[Click here to enter text.](#)

Please provide details for payment of your claim in the event that the claim is deemed payable by Chubb. I hereby authorise and request Chubb to pay benefit due in respect of this claim as follows:

Payee Name (as per bank account name)

Brand Code No.

## Section C: Details of Claim

- 1 Please provide photos to evidence damage to the goods
- 2 Please provide the purchase invoice/receipt of the goods (if applicable)
- 3 For missing items, please request service provider to provide a written confirmation that goods were missing and not delivered to receiver

Description of Item	Description of Damage	Amount Claimed
<div>Click here to enter text.</div>	<div>Click here to enter text.</div>	<div>Click here to enter text.</div>

## Section D: Declaration

Did you remember to enclose the following? (Where applicable)

Document	Yes	NA
Photos of the damaged goods	<input type="checkbox"/>	<input type="checkbox"/>
Purchase invoice./receipt	<input type="checkbox"/>	<input type="checkbox"/>
For missing items, service provider's written confirmation that goods were missing and not delivered to receiver	<input type="checkbox"/>	<input type="checkbox"/>

I understand that Chubb has the right to collect the information, including my personal data. By signing the authorization form, I consent to Chubb using and disclosing my personal data and the information for the purpose stated here. I also agree to provide information necessary to verify any statement given on this authorization form and to update information promptly to Chubb.

I authorise any person or entity to provide to Chubb or its authorised representatives, any and all information with respect to any loss and claims, police records, investigation status and results, and such personal information as Chubb in its absolute discretion considers relevant for its assessment of this claim. A photostatic copy of this authorisation shall be considered as effective and valid as the original.

I understand that Chubb will rely and act based on the given information contained herein and I do solemnly and sincerely declare that the foregoing information are true and correct in every detail and I agree that if I have made or in any further declaration or representation shall make any false or fraudulent statements or suppress, conceal or falsely state any fact whatsoever, the claim may be rejected.

I understand and acknowledge that providing my bank details to Chubb does not amount to Chubb having admitted liability towards my claim under the relevant insurance policy but is only to facilitate the safe receipt of any monies that is due to me.

I shall indemnify Chubb and/or its banker(s) against any loss and/or damage howsoever arising from any matters in relation to any fund transfer requested by me including but not limited to error/incorrectness/inaccuracies of the information provided, delayed payment(s) and any other circumstances beyond the control of Chubb and/or its banker(s).

\_\_\_\_\_  
Signature

Name of Sender/Insured  
(as per Booking Note)

[Click here to enter text.](#)

Date

[Click here to enter text.](#)

## Note

Kindly submit the completed claim form with supporting documents to: [ClaimsP&C.MY@chubb.com](mailto:ClaimsP&C.MY@chubb.com).

## Contact Us

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