



SIC INSURANCE COMPANY LIMITED

P.O. Box 2363, Accra Ghana
HEAD OFFICE: NYEMITEI HOUSE 28/29 Ring Road East. Tel (030) 2-280600-9 Fax (030) 2-780615
Ring Road West: (030) 2-228926/ 228922/228962/228987/ 230041-2, Fax (030) 228970/ 224218
E-mail:sicinfo@sic-gh.com Website: www.sic-gh.com

FIRE CLAIM FORM

The company does not admit liability by the issue of this form

1. Name of Insured :
2. Policy Number :
3. Address of Insured :
4. Phone No :Fax No.....
5. E-mail Address :Mobile Phone No.....
6. Location of Premises where loss occurred.....
7. Date & Time of Loss/Damage.....
8. What was the cause of the Loss/Damage?.....
9. Are you the sole owner of the property destroyed or damaged?.....
10. Is there any Mortgage/Interest on the property?.....
If yes, give details.....
11. Were there at the time of occurrence any other Insurances in force on the property, whether effected by you or any other person?.....
If yes, please give full particulars.....
12. What was the total value of the property insured by the police at the time of the loss?
a. Building(s)..... b. Contents.....
c. Others.....
13. Have you previously claimed against any insurer in respect of risks covered by this policy?.....
If so, give details.....

DECLARATION

I/We declare that the above is a full and accurate statement and that the sum claimed for the property detailed overleaf represents the true amount of the loss.

Signature of Insured.....

Date.....

