



# SIC INSURANCE COMPANY LIMITED

P.O. Box 2363, Accra Ghana  
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Ring Road West: (030) 2-228926/ 228922/228962/228987/ 230041-2, Fax (030) 228970/ 224218  
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## GOODS-IN-TRANSIT CLAIM FORM

**THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY, WHETHER A CLAIM HAS BEEN MADE ON THE INSURED OR NOT.**

1. Name of Insured.....  
Address.....  
Business.....
2. Date, Time and Place of Accident.....
3. Cause (Full information).....  
.....  
.....
4. Nature and extent of damage.....  
.....
5. (a) Registration No. of vehicle involved.....  
(b) The owner of the vehicle.....
6. (a) Name and address of owner of property damaged.....  
(b) Details of properties damaged.....
7. What steps were taken to reduce loss?.....  
.....
8. Have any steps been taken to compromise or settle the matter in anyway?.....
9. Has the accident been reported to the police?.....
10. Give the number/name of the Policeman if any, who took particulars.....  
.....
11. Name and address of witness of the accident.....

I/We hereby declare that to the best of my/our knowledge and belief, the above statements are fully and truly made.

Date.....

Insured's Signature.....