



SIC INSURANCE COMPANY LIMITED

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GOODS IN TRANSIT PROPOSAL FORM SINGLE LOAD TRANSIT INSURANCE

PROPOSER'S NAME IN FULL:

Proposer's Address:

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1. State extent of journey From:

To:

2. State Date:

(a) When Goods are to be despatched.....

(b) When journey is to be completed.....

3. Extract mode of Transit.....

4. Name and Address of Carrier.....

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5. State full description of Goods.....

6. Are Goods carried at Owner's or Carrier's Risk?

7. Total Value of Goods.....

Greatest Value of any one borne by the Insured.....

8. What excess is to be borne by the insured?

9. State how the Goods are packed.....

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10. State the greatest weight of any one article or package.....

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I / we thereby declare and warrant that the above questions are fully and truthfully answered, that I/ We have not withheld or concealed any circumstance effecting the proposed Insurance and I/ We agree that this declaration and the answers given above, and not any extraneous knowledge or information possessed by the Company, shall be the basis of the contract between me/ us and the Company and I/ We agree to accept a policy subject to the conditions prescribed by the Company and expressed in the policy.

Date.....

Signature.....