



# 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

## PUBLIC LIABILITY CLAIM FORM

*The company does not accept liability by the issue of this form*

Name of Insured..... Policy number.....

Address.....

Business..... Telephone No..... Date of payment.....  
of last premium

1. Date of accident..... Time.....

2. The place where the accident occurred.....

3. (a) What was the particular job at which the accident occurred.....

(b) Are you the head contractor?..... If not, who is.....

(c) Was anyone other than yourself or your employees involved?..... If so, give their names and  
addresses and by whom employed.....

4. The injured person's Name..... Apparent age.....

Address..... Occupation.....

Or

Name and Address of owner of property damaged.....

5. Nature and extent of injury or damage.....

6. Did the injured person make any statement after the accident as to its cause, or admitting his/her own carelessness, and if  
so what did he say and who heard it? Give names and addresses.....

7. Give names and addresses of all witnesses ) .....

And of all who claim to have witnessed the ) .....

Accident, or would probably know anything ) .....

About it. (Name of witnesses employers ) .....

Where known) ) .....

8. Was any evidence or particulars of accident or damage taken by any police officer? If so, give his No.....etc.....
9. Has any other accident ever occurred to any person, or damage been done under similar circumstances, at the same place  
.....
10. Was accident due to want of ordinary care on the part of the person injured?.....  
If so, in what way.....
11. Has any claim been made upon you?.....If so, by whom?.....
12. State exactly how the accident occurred and, if possible, give rough sketch.

---

I/We hereby declare the foregoing particulars to be true in every respect and that I/we hold no other policy in addition to this policy indemnifying me/us in respect of this claim.

I/we request you to deal on my/our behalf with the third party claims arising herein, in accordance with the terms and conditions of the above-mentioned Policy and I/we authorise you and your Solicitors my/our behalf to make admissions and settlements and give such consents as you may consider necessary for the disposal of such claims and any litigation arising therefrom.

**Date**..... **Insured's Signature**.....

---

N.B- all communications received from or on behalf of any claimant must be forwarded immediately unanswered

---

**IN NO CIRCUMSTANCES MUST LIABILITY BE ADMITTED BY THE INSURED**