



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

TRAVEL INSURANCE POLICY PROPOSAL FORM

1. Full name of Proposer _____
2. Date of Birth _____
3. Passport No. _____
4. Citizenship _____
5. Address _____
6. Phone No. _____
7. E- mail Address _____
8. Occupation _____
9. Employer _____
10. Extent of Journey (Routes) _____
11. Number of Travel days _____
12. Name & Ages of accompanying Spouse/ Children (where applicable)

No.	Name	Date of Birth	Age

13. Medical Insurance Company

14. In case of Emergency, please notify

15. Total Price paid by: Please tick as appropriate
 Cash
 Credit card

I confirm, on behalf of all people named on this application form, that:

- All the information provided be me is true and complete.
- No policy Applicant will be travelling with the intention of receiving medical advice or treatment abroad.
- I understand that this declaration will, together with the policy wording, form the basis of the contract of insurance.
- I have read and understand the Key facts section of this leaflet.

Signature of Proposer..... Date:..... Agency No:.....