



# SERENE INSURANCE COMPANY LIMITED

Head office: First Sky Tower, Com 25 Junction, After Kpone Barrier  
P.O. Box PMB CO 90, Tema, Ghana  
Telephone No. 0302-917444/6/7

## GOODS-IN-TRANSIT CLAIM FORM

1. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TEL.NO: \_\_\_\_\_  
TRADE/BUSINESS: \_\_\_\_\_  
POLICYNO: \_\_\_\_\_ RENEWAL DATE: \_\_\_\_\_

2. **THE ACCIDENT:**

EXTENT OF JOURNEY: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
DATE OF OCCURRENCE: \_\_\_\_\_ TIME: \_\_\_\_\_  
EXACT LOCATION OF THE ACCIDENT: \_\_\_\_\_

3. PARTICULARS OF VEHICLE(S) THAT WAS CARRYING THE GOODS:

S/N	Registration No.	Make	Cubic Capacity	Seating Capacity
1				
2				
3				
4				
5				

4. GIVE FULL DESCRIPTION OF THE CAUSE OF ACCIDENT/LOSS AND THE EXTENT OF DAMAGE TO THE GOODS THAT WERE BEING CARRIED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Lined area for text entry.

5. (a) State the value of goods being carried: \_\_\_\_\_

(b) State value salvaged after the accident: \_\_\_\_\_

6. (a) Was the accident reported to the police? \_\_\_\_\_

If so, state:

(i) Date reported

\_\_\_\_\_

(ii) The name of the police station \_\_\_\_\_

(iii) The name of the police who took the particulars \_\_\_\_\_

\_\_\_\_\_

I/We declare that the above statement is true in all respects to the best of my/our Knowledge and belief and I/We undertake to give every information and assistance as the Company may require in connection with this claim

Date:.....Signature of Policyholder:.....

If you have any reason to contact our Regulator, you may reach them at the address below:

Insurance Place
Independence Avenue
P. O. Box CT 3456
Cantonments, Accra

Tel: +233 302 238300 / 238301

Fax: +233 302 237248 / 246369

E-mail: info@nicgh.org

Websites: www.nicgh.org



**Ghana**