



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 PROPOSAL FORM

Proposer's Name: _____

Address: _____

Post Office: _____

Tel No: _____ Alt. Tel No.: _____

Email: _____

Occupation Or Business _____ Nationality (If not Ghanaian) _____

Please indicate scope of cover

- I. All risk policy
- II. Restricted cover

Notes:

All Risk Cover: The policy covers the goods of the insured against fire, theft or accidental damage while the goods are being loaded or unloaded from any road vehicle, passenger or goods train or while temporarily housed in the ordinary course of transit.

Restricted Cover: In this case, cover will only be given for accidental damage to the goods while theft and fire are excluded.

Please Indicate Cover Option

Open cover request Indicate estimated annual carrying _____

Declaration basis Indicate limit per carrying _____

Single transit Indicate transit value _____

Policy Questions

1. Nature of Goods to be carried (Give full description):

2. How is the product packaged? _____



3. The goods will be moving from _____ To be delivered _____
4. Mention the various locations/districts/geopolitical zones that are covered in the ordinary course of business _____

- 5.
- a. Sum insured/Value of goods (for single transit): _____
- b. Period of Insurance (Annual cover): From _____ TO _____
- c. Limit per carrying (Annual cover): _____
- d. Estimated annual limit (annual cover): _____
6. a) Do you own the vehicles? Yes No
 b) Are the drivers' own staff Yes No
- If owned, state details of vehicles. {Please note that there may be need for physical inspection of the truck (s)}

S/No	Make of Vehicles	Type of Body	Registration Number	Chassis Number	Year of Make	Cubic Capacity

(Please attach a separate sheet if vehicle are more than 5)

Declaration:

I/WE hereby declare the truth and correctness of the above statements and particulars and agree that the statements represent the true position at the date shown in accordance with the information made available to me/us.

Period of Insurance: From _____ To: _____

Signature of Proposer: _____ Name: _____ Date: _____

Agent/Broker Name: _____ No: _____ Signature: _____

