



GLICO GENERAL INSURANCE COMPANY  
P.O. BOX 4251, ACCRA  
TEL. (233-302) 244554/220220 FAX: 233-302-258211

## GOODS-IN-TRANSIT CLAIM FORM

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This form should be completed and returned to GLICO General Insurance Company Limited immediately, when there is an event that leads to damage or loss of Goods carried in transit and may result in a claim.

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1. (a) Name of Insured:.....  
(b) Policy Number:.....  
(c) Address:.....  
(d) Business:.....
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2. Date, Hour, and Place of Accident:.....  
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3. Cause of Accident (Full description).....  
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4. Nature of Goods and Extent of damage / loss:.....  
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5. (a) Registration Number of Vehicle involved:.....  
(b) Owner of the Vehicle:.....
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6. (a) Name and Address of Owner of Property damaged:.....  
.....  
(b) Details of Property damaged:.....  
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.....  
(c) Estimated value of property damaged:.....  
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7. What steps were taken to minimize loss?.....  
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8. Have any steps been taken to compromise or settle the matter in any way? If so, what and by whom?.....

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9. Has the accident been reported to the Police?.....  
If so, which Station?.....

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10. Give the Name / Number of the Police Officer who took particulars of the accident:  
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11. Give the Name(s) and Address(es) of Witness(es) of the accident:  
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I / We hereby declare that to the best of my / our knowledge and belief that the above statements are fully and truly made.

Insured's Signature:..... Date:.....