

DONEWELL INSURANCE COMPANY LIMITED

HEAD OFFICE: - H/NO. F333/1, KUKU HILL, OSU R.E.

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GOODS-IN-TRANSIT CLAIM FORM

(The company does not admit liability by the issue of this form)

THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY, WHETHER A CLAIM HAS BEEN MADE ON THE INSURED OR NOT

1. Name of Insured.....
Address:.....
Business:.....

2. Date, Hour and place:.....
Of Accident

3. Cause (Full information):.....

4. Nature and extent of damage:.....

5. (a) Registration No. of vehicle involved:.....

(b) The Owner of vehicle.....

6. (a) Name and Address of owner.....

Of property damaged.....

(b) Details of properties damaged:.....
.....
.....

(c) Estimated value of properties damaged:.....
.....

7. What steps were taken to reduce loss:.....
.....
.....

8. Have any steps been taken to compromise
Or settle the matter in any way? If so, what & by whom.....
.....

9. Has the accident been reported to the Police?.....

10. Give the number/name of Witnesses of.....
If any, who took particulars?

11. Name and address of Witnesses of
The accident.....

I/We hereby declared that to the best of my/our knowledge and belief, the above statements are fully and truly made.

Date:.....

Insured's Signature.....