



FIRE AND ALLIED PERILS INSURANCE – CLAIM FORM
(THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM)

Claim under Policy Number: _____

Name of Insured: _____

Tel No. _____ Postal Address: _____

E-mail Address: _____

1. Address of the premises where the loss or damage occurred: _____

2. Date and time of the loss: _____

3. Give the narration of the loss: _____

4. What was the cause of the loss? _____

5. (a) Are you the sole owner of the property destroyed or damaged? _____

(b) Are there any hire purchase contracts in force? _____

(c) Give details of other interested parties _____

6. Were there at the time of the occurrence any other insurances in force on the property, whether effected by you or by any other person? If so, give full particulars. If not, please write "No". _____



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7. What was the total value of the property insured by the Policy at the time of the loss?
Buildings ₣ _____ Contents ₣ _____

8. Have you previously claimed against any insurer in respect of risks covered by this policy? If so, give particulars.

I/We declare that the above is a full and accurate statement and that the sum claimed, viz GH₣ _____ for the property detailed overleaf represents the true amount of the loss.

DATE: _____ SIGNATURE OF INSURED: _____

INSTRUCTIONS TO BE OBSERVED

All damaged property must be protected from further deterioration and should not be disposed of until permission is given by the Company or its Loss Adjusters.

BUILDINGS: The claim form should be accompanied by a tradesman's estimate. Due allowance should be made for age and depreciation and the cost of contemplated improvements should not be included.

FURNITURE, STOCK AND OTHER CONTENTS: A list of the article destroyed or damaged should be detailed overleaf. As the Policy is a contract of indemnity the amounts claimed must be based upon the actual value at the time of the loss.



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DESCRIPTION OF PROPERTY FOR WHICH THIS CLAIM IS MADE	DATE OF PURCHASE OR MANUFACTURE	COST PRICE (LESS DISCOUNTS)	VALUE AT TIME OF LOSS AFTER ALLOWING FOR WEAR AND TEAR	VALUE OF SALVAGE	AMOUNT CLAIMED I.E. ACTUAL LOSS AFTER DEDUCTION OF SALVAGE VALUE
TOTAL GH ₵					