HOUSE NO. C125/3, 3RD BORSUE LANE, ASYLUM DOWN, ACCRA, P. O BOX AN 5879, ACCRA-NORTH.TELEPHONE: 050 1673296 / 050 1673297.

HOMEOWNER'S COMPREHENSIVE INSURANCE CLAIM FORM

1. Name of insured:
2. Address:
3. Phone Number:
4. Location of insured item where loss occurred:
5. Date & Time of Loss / Damage
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"
7. What was the cause of Loss/ Damage? **Briefly describe how the loss/damage occurred.**
8. Details of items damaged:

Description of Damaged Property	Serial Number	Cost Price (GH¢)

9. Has the incident reported to the Police/Fire Service? Yes/No (Please attach copy of report)
10. Have you previously claimed against any insurer in respect of risk covered by this policy?
11. If yes, give details

DECLARATION

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

Signature of Insured: _____ Date: _____

All damaged properties must be protected from further deterioration and should not be disposed off until permission is given by the company or its Loss Adjusters.

DESCRIPTION OF PROPERTY FOR WHICH THIS CLAIM IS MADE (1)	DATE OF PURCHASE OR MANUFACTURE (2)	COST PRICE (LESS DISCOUNT) (3)	VALUE AT TIME OF LOSS AFTER ALLOWING FOR WEAR AND TEAR (4)	VALUE OF SALVAGE (5)	AMOUNT CLAIMED I.E. ACTUAL LOSS AFTER DEDUCTION OF SALVAGE VALUE (6)
				TOTAL GHS	

*NB: IT IS IMPORTANT THAT THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY. THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.