HOUSE NO. C125/3, 7TH AVENUE, NORTH RIDGE, ACCRA, P. O BOX AN 5879, ACCRA-NORTH.TELEPHONE: 050 1673296 / 050 1673297.

FIRE 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. What was the cause of Loss/ Damage?
   Briefly describe how the loss/damage occurred.
7. Details of items damaged:

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

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