



GHANA UNION ASSURANCE COMPANY LIMITED

P.O.BOX 1322, ACCRA

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E-mail:gua@ghanaunionassurance.com

FIDELITY GUARANTEE CLAIM FORM

1. Name of Insured:

2. Policy No.

3. Address

4. Phone No.: Fax No:.....

5. E-mail Address:

6. When did the loss occur?

7. Name of Branch Manager/Head of Dept.:

8. Name of Schedule Officer(s):

9. Name of Culprit(s) if know:

10. How was loss/damage/fraud detected?

11. Brief account of the loss/damage/fraud (or attached typewritten account):

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12. Date on which loss/damage/fraud was detected:

13. If continuous act, give duration of act: From: To:

14. State Amount of Estimated Claim:

15. Analysis or Breakdown of amount of claim/loss:

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16. State measures taken to minimize future loss/damage/fraud:

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17. Has incident been reported to the police:?

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If yes, which police station:

18. Have you insured with any other company:?

If yes, please give name of Company:

Please Note: Any other relevant information could be typewritten and attached.

The undersigned hereby declares that the above information is given in good faith and to the best of his knowledge.

Signature:

Date: