



**GHANA UNION ASSURANCE COMPANY LIMITED
HOME AND PERSONAL PROTECTION
CLAIM FORM**

CLAIM NO.

STATEMENT AND PARTICULARS OF CLAIM

Please answer questions fully and return this form as soon as possible within the period allowed by the policy.

POLICY NO. **Date of payment of last premium**

Name of Insured

Occupation

Address Telephone: Business

..... Home

Date and time of loss or damage at

Place of loss or damage

Describe fully how the loss or damage occurred

.....

.....

Was the property in respect of which you are making a claim your own?

If not, give details of ownership or interest

In respect of property lost:

(a) When did you last see the property and where?

(b) When did you advise the Police and where?

(c) What other steps have you taken to trace the property?

In the event of your claim including jewellery, parts of which have been lost, state when the items were last examined by a jeweller and the name of the Jeweller.

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Is there a Householders Comprehensive or other policy in force which insures any of the items listed in this claim? If so give full particulars.

Give particulars of any loss previously sustained by Fire, Burglary or from any other cause.

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Have you ever claimed upon Insurers in respect of losses or damage within the scope of the "All Risks" Policy?

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Discovery of Loss: The Insured must promptly take all practicable steps for tracing and recovering the property lost.

Notification of Police: The Police Authorities must be notified of the loss without delay.

STATEMENT OF CLAIM

- NB: (1) The amount to be claimed on any article is limited to the actual intrinsic value at the time of loss. The amount of damage should be stated.

- (2) Receipts obtained at time of purchase of the undermentioned articles should be attached wherever possible for inspection and subsequent return.

DESCRIPTION OF PROPERTY	BELONGING TO	WHEN & WHERE BOUGHT	PRICE PAID	DEDUCTION FOR AGE, USE, WEAR & TEAR	AMOUNT CLAIMED

I hereby declare that the property claimed for, particulars of which are given above, has been lost, stolen or damaged and that all statements on this form are to be the best of my knowledge and belief, correct.

Date Signature of Insured

The Company does not admit liability by the issue of this form.