



GHANA UNION ASSURANCE COMPANY LIMITED

PRODUCT LIABILITY CLAIM FORM

STATEMENT AND PARTICULARS OF CLAIM

CLAIM NO.....

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

• POLICYHOLDER:

Policy No..... Date of last premium payment
Name of Insured.....
Address.....
Business/Occupation.....
E-mail..... Telephone.....

• CIRCUMSTANCES OF THE CLAIM:

Date of accident..... Time of accident.....
State the exact place of occurrence.....
Type of product..... Volume produced.....
Production date: From..... To.....
Production batch numbers: From..... To.....
Describe fully how the injury/death/illness/damage occurred: (The fullest particulars should be given)
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.....
Person injured or owner of damaged property.....
.....
Address..... Age.....
Occupation..... Telephone.....

• **ACCIDENT, DEATH, INJURY, ILLNESS, PROPERTY DAMAGE**

State the nature of property damaged.....

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Describe the nature and extent of the damage.....

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Where can the damaged property be inspected.....

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State, as precisely as you can, what injuries or illness have been sustained.....

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Give Name and Address of the Medical Doctor attending to the Injured/Sick.....

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Has any other medical person been consulted? Yes No

If Yes, give details/contact.....

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Has the sick/injured been unable to attend to his/her usual work? Yes No

Give details.....

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Was the injured/deceased/sick person in respect of whom you are making the claim your employee? Yes No

State Name(s) and Address (es) of any witness (es).....

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Have the police taken particulars? YES NO

If Yes, give number.....

Has any claim been made upon you? YES NO

If Yes, by whom....., and kindly attach all copies.

Is there any other insurance policy covering any damage caused? YES NO

If Yes, give details.....

• **DECLARATION**

I/We declare that the foregoing statements and particulars are to the best of my/our knowledge and belief, true and correct and no information is being withheld or misrepresented.

Date.....

Signature of Insured.....

The Company does not admit liability by the issuing of this Form.