



GHANA UNION ASSURANCE COMPANY LIMITED

PUBLIC 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.....

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

Date of accident..... Time of accident.....

State where Injury/Death/Illness/Damage took place

Describe fully how the injury/death/illness/damage occurred: (The fullest particulars should be given)

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

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

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

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

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

Has any other medical person been consulted? Yes No

If yes, give details/contact.....

Has the sick/injured been totally unable to attend to his/her usual business or occupation?
.....

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

If No, state the identity of the injured/sick/deceased person(s).....
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• **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.....