



REGENCYNEM INSURANCE GHANA LIMITED

No. 65 Patrice Lumumba Road, Airport Residential Area.
P. O. Box CT 6342 Cantonments, Accra, Tel: 233-21-778106/769789/768463 Fax: 233-21-782871

ACCIDENT INSURANCE CLAIM FORM

Policy No.: .....

Insured:.....

Trade/Business:.....

Address:.....Tel. No.:.....

Date of Loss:.....Time.....

Place of Loss:.....

Describe fully how the accident occurred:.....

.....

.....

.....

(use reverse of form if more space is required)

Has the incident been reported to the police?.....

If yes, which police station:.....

Names and Address of all witness and the number of the Police who took evidence:

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State the Name and Address of the person injured, or the property damaged:.....

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.....

Breakdown of claim amount / loss.....

.....

.....



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

Have you insured with any other company?.....

If yes, please give name of company:.....

**NB:** Any other relevant information could be attached

I / We hereby declare that the above statements are to the best of my / our knowledge and belief.

Date:.....Signature:.....