



REGENCY ALLIANCE INSURANCE LIMITED

No. 65 Patrice Lumumba Road, Airport Residential Area.
P. O. Box CT 6342 Cantonments, Accra, Tel: 233-302-778106/769789/768463 Fax: 233-302-782871

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:

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(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:

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

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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:.....