



# 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

## BANKER'S INDEMNITY CLAIM FORM

1. Name of Insured.....
2. Policy No.: .....
3. Address :.....Tel. No.....
4. Branch (where the loss occurred) .....
5. Location of Branch .....
6. Name of (Branch) Manager .....
7. Name(s) of Schedule Officer(s).....  
.....
8. Name(s) of culprits: if known.....  
.....
9. How was loss/damage/fraud detected.....
10. Give brief account of the loss/damage/fraud (or attach typewritten account)
  
11. Date on which loss/damage/fraud was detected.....
12. If continuous act, give duration of act: From .....
- To .....
13. Total Estimate of claim.....

I hereby declare that all statements made on the form are true to the best of my knowledge and belief that the within-mentioned property belonging to me/us and insured under the said policy was lost or damaged and that in consequences of such loss or damage claim is hereby made for the sum severally stated within; and I further declare that no other person except .....has any interest in the said property.

Signature.....

Date .....