



# 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

## BURGLARY CLAIM FORM

**NOTE:** This Form must be completed and returned immediately

Policyholder: .....

Address: .....

Tel. No(s): .....

Policy Type: .....

Policy Number: .....

Period of Insurance.....

1. Address of premises where the loss or damage occurred.....  
.....

2. Date and time of occurrence of loss or damage.....

3. How was entry gained into the premises?.....  
.....

4. Was any damage done to locks/ doors or any part of the premises?.....

5. What was the extent of such damage?.....

6. At the time of the loss, were the premises occupied?.....  
If so, by whom?.....

7. What was his/her/their response or reaction to the incident?  
.....

8. Has the incident been reported to the Police?.....  
If so, name Police Station.....

9. Are you the sole owner of the property lost or damaged?.....

10. Are there any Hire Purchase contracts in force?.....  
If so, give details of such or other interested parties.....  
.....

11. At the time of the occurrence of the loss, were there any other insurance in force on the property, whether effected by you or by any other person?.....  
If so, give full particulars.....

12. What was the total value of the property insured by the Policy at the time of loss?  
 Buildings:..... contents:.....
13. What is the estimated amount being claimed for this loss?.....  
 .....
14. Have you previously claimed against any insurer in respect of risks covered by this  
 Policy? ..... If so, give particulars.....  
 .....
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I/ We declare that the above is the full and accurate statement, and that the amount being  
 claimed, namely, GH¢.....for the property detailed below  
 represents the true amount of loss.

Date: ..... Signature of Policyholder: .....

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**INSTRUCTIONS TO BE OBSERVED**

All damaged or recovered property must be protected from further deterioration and should  
 not be disposed of until permission is given by the Company or its Loss Adjusters.

BUILDINGS, FITTING S AND FIXTURES: The Claim Form should be accompanied by a  
 tradesman’s detailed estimate. Due allowance should be made for age and depreciation, and  
 the cost of contemplated improvements should not be included.

**SHORT NARRATION OF EVENTS LEADING TO LOSS AND/ OR DAMAGE**

**LIST OF ARTICLES LOST OR DAMAGED**

ITEM/ARTICLE	PURCHASE	VALUE