



REGENCY ALLIANCE INSURANCE LIMITED

65 Patrice Lumumba Rd Airport Residential Area Accra
P.O.BOX CT 6342, Cantonment, Accra-Ghana. Tel (233) 302778106 Fax 233 302 782871

DECEASED INTERVIEW REPORT FORM

CLAIM NO.:..... VEHICLE NO. :.....DATEOF ACCIDENT.....

NAME & ADDRESS OF CLAIMANT/SOLICITOR.....

TEL. NO. NEXT OF KIN..... AGE.....

RELATIONSHIP WITH DECEASED.....

OCCUPATION.....ANNUAL INCOME.....

NO. OF DEPENDANTS.....NO. OF CHILDREN.....

NAME OF DECEASED.....NO. OF CHILDREN.....

HOMETOWN:.....

OCCUPATION:.....

ANNUAL INCOME.....

MARITAL STATUS:.....

NAME OF SPOUSE.....

OCCUPATION OF SPOUSE:.....

NO. OF DEPENDANTS:.....NO. OF CHILDREN.....

NAMES AND AGES OF THE DECEASED CHILDREN:.....

.....

.....

CAUSE OF DEATH.....

PERIOD OF HOSPITALISATION.....

TOTAL MEDICAL EXPENSES INCURRED (WITH PROOF OF RECEIPTS):.....

CLAIMANT WAS TRAVELLING FROM:..... TO.....

IF PEDESTRIAN WHERE WAS HE/SHE GOING.....

STATE AMOUNT YOU REQUIRE AS COMPENSATION:.....

.....

IN WHOSE NAME SHOULD THE CHEQUE BE WRITTEN.....

(ATTACH A LETTER TO THAT EFFECT)

SIGNATURE/THUMB PRINT OF (1ST) CLAIMANT.....

SIGNATURE/THUMB PRINT OF 2ND CLAIMANT.....

