



REGENCYNEM INSURANCE LIMITED

P.O. BOX CT 6342, Cantonments, ACCRA
TEL. (233-21) 778106/768463/769789 FAX: 233-21-782871

FIRE CLAIM FORM

NOTE: this Form must be completed and returned immediately to

Loss Number:.....

Claim under Policy Number:.....

Name of Insured: Tel. No:

Address:.....

1. Address of premises where the loss or damage occurred

2. Date and time of occurrence of loss or damage
3. What was the cause of loss or damaged?.....

4. Are you the sole owner of the property destroyed or damaged?
5. Are there any Hire Purchase contracts in force?
If so, give details of such or other interested parties.....

6. 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
7. What was the total value of the property insured by the Policy at the time of loss?
Buildings:..... contents:
8. What is the estimated amount being claimed for this loss?
9. Have you previously claimed against any insurer in respect of risks covered by this

Policy? If so, give particulars.....
I/We declare that the above is the full and accurate statement and that the sum
claimed, namely, \$for the property detailed
overleaf represents the true amount of the loss.

Date:

Signature of Insured: