



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

HOME INSURANCE CLAIM FORM

NOTE: this Form must be completed and returned immediately

Policy No.

Name of Insured:

Postal Address:

1. Address of premises where the loss/theft occurred:

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2. Date and time of the loss:

3. Briefly describe circumstances leading to loss (Damage/Injury)

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4. Name and address of Witness(es):

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5. What is the extent of Loss/Damage/Injury?

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(Please provide an inventory of loss when theft is involved). Do you have security personnel guarding the premises?

If yes, where was the security personnel at the time of the theft?

6. What is the estimated amount being claimed for this loss?

7. Has the incident been reported to the Police? Yes No

8. Name of Police Station/Officer –in-charge of case:

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9. What steps have you taken to mitigate the loss?:

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10. Do you have any other insurance on the subject of claim? Yes No

If yes, provide Policy Number and Name of Insurer.....

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I / We hereby declare that the above statements are to the best of my / our knowledge and belief.

Date:.....Signature:.....

