



REGENCYNEM 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

MONEY INSURANCE CLAIM FORM

(The company does not admit liability by the issue of this form.)

Name of Insured

Address

Policy No

Business/Occupation

Telephone No

1. Date of Accident Time of Accident
2. Place of Accident
3. Please give full details of how the Accident happened (attach extra sheet if necessary)

4. What is the nature and extent of loss?

5. Please give details of security attached to cash, either in transit or in safe at the time of accident

6. When and by whom was the accident reported to

7. Was the incident reported to the Police?

If so, state (i) Date reported

(ii) The name of the Police Station.....

(iii) The name or particulars of the Police Officer who is dealing with the case

8. Name and addresses of witness(es) of the accident

9. Have any steps been taken to compromise or settle the incident in any way? If so what and by whom

10. Do you have any other policy indemnifying you in respect of this accident? If yes please give details

11. Have you previously suffered a loss of this nature?

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

I / WE HERBY DECLARE THAT TO THE BEST OF MY / OUR KNOWLEDGE AND BELIEF, THE ABOVE STATEMENTS ARE TRUE.

DATE

INSURED'S SIGNATURE