



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

PUBLIC LIABILITY ACCIDENT REPORT FORM

NOTE: This Form must be completed and returned immediately

Policy No.:

It is important that all Accidents are reported immediately they come to the insured's knowledge.

1. Policy Holder's full name and Address
- Business:
2. Where did the Accident happen?
3. Date and Hour:
4. Describe fully how the Accident occurred:

(use reverse of form if more spare required)

5. Give the Names and Addresses of all Witnesses and the number of the policeman (if any) who took evidence

6. a. State the Names and Addresses the person injured, or of the owner of the property damaged

	NAME	ADDRESS
1		
2		
3		

b. State nature of injury or damage:

7. Have you received any notice of claim? (If in writing please forward). Have you replied to same? Has any offer been
8. made to settle the claim any way?

8. Was any other insurance of this class in force at the time of Accident? If so, give the name of the Company

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

Date: Signature:

The Policyholder should not disclose the fact of insurance, but simply state that enquiry will be made.