



CLAIM FORM - BURGLARY

NOTE: This form must be completed and returned immediately to:-

HOLLARD INSURANCE GHANA LIMITED
P. O. BOX 20084
ACCRA.

Claim under Policy Number:

Name of Insured :
(BLOCK CAPITALS)

Address:

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

2. Date and time of the loss:

3. (a) Are you the sole owner of the property stolen?

(b) Are there any hire purchase contracts in force?

(c) Give details of other interested parties

4. Were there at the time of the occurrence any other insurances in force on the property, whether effected by you or by any other person? If so, give full particulars. If not, please write "No"

5. What was the total value of the contents insured by the Policy at the time of the loss?

6. Have you previously claimed against any insurer in respect of risks covered by this policy? If so, give particulars

7. I/We declare that the above is a full and accurate statement and that the sum claimed, viz: ₵
for the contents detailed overleaf represents the true amount of the loss.

8. Are there any other insurances against theft on the same property?

9. Do you employ a watchman? If so, where was he at the time of the theft?.....

10. Date police advised of the loss At what station?

DATE:..... SIGNATURE OF INSURED:

INSTRUCTIONS TO BE OBSERVED

All damaged property must be protected from further deterioration and should not be disposed of until permission is given by the Company or its Loss Adjusters. **BUILDINGS** The claim form should be accompanied by a tradesman's estimate. Due allowance should be made for age and depreciation and the cost of contemplated improvements should not be included. **FURNITURE, STOCK AND OTHER CONTENTS** A list of the articles destroyed or damaged should be detailed overleaf. As the Policy is a contract of indemnity the amounts claimed must be based upon the actual value at the time of the loss.

Please turn over

