



Star Assurance

No. C551/4 Cola Street,(Adjacent ATTC), Kokomlemle, P. O. Box 7532, Accra-North, Ghana Tel: +233 0302 240632/242233/247579/246568/7010808 Facsimile: +233 0302 237156 Email: sac@starassurance.com Website: www.starassurance.com

ASSETS ALL RISKS INSURANCE – CLAIM FORM

(THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM)

POLCY NO.:.....

INSURED:.....

TRADE / BUSINESS.....

ADDRESS..... TEL NO.:.....

DATE OF LOSS..... TIME:.....

PLACE OF LOSS:.....

Describe fully how the accident occurred:.....

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Have you reported to the Police?.....

Names and Addresses of all Witnesses and the number of the Police who took Evidence:

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State the Name and Address of the person injured, or the property Damaged:

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State the nature of injury or damage:

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State any other Information necessary:

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I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY/ OUR KNOWLEDGE AND BELIEF

Date: Signature:.....