



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

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BANKERS INDEMNITY

1. Name of Insured:.....
2. Policy No.:.....
3. Address:.....
4. Phone No.:..... Fax No.:.....
5. E-mail Address:..... Mobile No.:.....
6. When did the loss occur?.....
7. Name of Branch Manager/Head of Dept:.....
8. Name of Schedule Officer(s):.....
9. Name of Culprit(s) if known:.....
10. How was loss/damage/fraud detected:.....
11. Brief account of the loss/damage/fraud:.....

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(Attach a new sheet if more space is required)

12. Date on which loss/damage/fraud was detected:.....

13. If continuous act, give duration of act: From.....To:.....

14. State amount of estimated claim:.....

15. Analysis or Breakdown of amount of claim/loss:.....

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16.State measures taken to minimize future loss/damage/fraud:.....

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17. Has incident been reported to the Police:.....

If yes, which Police station:.....

18. Have you insured with any other company?.....

If yes, please give name of company:.....

19. 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***

Name & Signature of Insured:.....

Date: