



# Star Assurance

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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:.....
- .....
- .....
- .....
- .....
- .....

*(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:.....

.....

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

.....

.....

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: .....