



No. C551/4 Cola Street Adjacent ATTC, Kokomlemle, P. O. Box 7532, Accra-North
Tel: 233 (0) 302 240632 / 242233 / 247579 / 246568 / 7010808 / Fax: 233 (0) 302 237156
North Ridge Office: 233 (0) 302 912754 / 912755 / 912756 / 912758 Fax: 233 (0) 302 230624
E-mail: sac@starassurance.com Website: www.starassurance.com

PERSONAL ACCIDENT CLAIM FORM

POLICY NO: CLAIM NO:

I give hereunder particulars of an accident I was involved in and shall be glad to furnish any further information you may require.

Date: Signature:

PERSONAL DETAILS

- 1. Full Name:
2. Email Address: Postal Address:
3. Occupation and age:
4. Amount Weekly Earning:

DETAILS OF ACCIDENT

- 5. Date and time of accident:
6. Place of Accident:
7. How did the accident occur?
8. Briefly state the type of injury sustained:
9. Which hospital did you report to immediately after the accident?
10. When did you get back to your usual occupation after the accident?
11. Give name(s) and address(es) of any two persons who witnessed the accident:
a. b.

If the injury/ death resulted from a Road Traffic Accident please attach a Police report.

