

Note: This form must be completed and returned immediately to



PROVIDENT®

INSURANCE COMPANY LTD

P. O. Box 782 - Accra, Ghana : Tel: 229807 - 233964 - 221096 Fax: 233 21 239463

BURGLARY CLAIM FORM

Name Of Insured..... Telephone Number.....

(Block Capitals)

Address:.....

1. Address of the premises where the loss or damage occurred

2. Date and time of the Burglary

3. What was the cause of the fire?

4. (a) Are you the sole owner of the property destroyed or damaged? (a)
- (b) Are there any hire purchase contracts in force? (b)
- (c) Give details of other interested parties (c)

5. Were there at the time for the occurrence any other insurance in force on the property, whether effected by you or by any other person? If so, give full particulars. If not, Please write "No"

6. What was the total value of the property insured by the policy at the time of the loss?	Buildings	N¢
	Contents	N¢

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

I/we declare that the above is a full and accurate statement and that the sum claimed, viz N¢ for the property detailed overleaf represents the true amount of the loss.

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 detailed 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.

Loss No.....

Claim Under Policy Number.....

Please turn over

