



GLI CO GENERAL I NSURANCE COMPANY
P.O. BOX 4251, ACCRA
TEL. (233-302) 244554/ 220220 FAX: 233-302-258211

ASSETS ALL RI SKS CLAI M FORM

Official Use

This Claim Form is to be completed
by the Insured and sent to the
Insurer immediately the damage/loss
cost can be estimated

Claim No.

Loss Reserve/Estimate

Estimate for works

Date of Report

Name of the Insured: Pol. No:

Address:

Telephone No: Fax

1. Insured Property:

Location of Property:

Recommended Access Route:

Date and Time of Loss/ Damage:

Name of Witnesses to loss/Damage:

2.1 Brief Description of Loss/Damage:

2.2 Measures taken to minimise loss:

2.3 Causes of Loss/Damage (visible and suspected caused should be indicated).

2.4 List of Main Items/objects damaged/lost with prices:

3.1 Repairs: Specify envisaged repair procedure:

3.2 Are modification and/or improvement necessary (if yes give short details).

3.3 Estimate of Duration of repairs:

4.1 Estimate of loss/damage:

4.2 Removal of Debris:

4.3 Buildings (Civil and Construction Works):

4.4 Plant and Machinery:

4.5 Contents (Furniture, Fixtures and Fittings):

4.6 Stock-in-Trade:

4.7 Other Property Insured:

4.8 Third Party Liability:

5. Special Remarks/Comments:

6. Other Insurances covering the damage/loss (State type, Policy No. and Insuring Co.)

The undersigned hereby declares that the above information is given in good faith and to the best of his knowledge.

Date:

Place:

Signature: