

## GHANA UNION ASSURANCE COMPANY LIMITED GOODS-IN-TRANSIT CLAIM FORM

CLAIM NO. .....

## STATEMENT AND PARTICULARS OF CLAIM

Please answer questions fully and return this form as soon as possible within the period allowed by the policy.

POLICY NO.	. Date of payment of last premium
Name of Insured	
Occupation	
Address	Telephone: Business
	Home
Date and time of loss or damage	at
Place of loss or damage	
	ge occurred
	n you are making a claim your own?
	nterest
In respect of property lost:	
(a) When did you last see the prope	rty and where?
(b) When did you advise the Police a	and where?
(c) What other steps have you taker	n to trace the property?
were last examined by a jeweller an	
	sive or other policy in force which insures any of the items rticulars.
Give particulars of any loss previous	ly sustained by Fire, Burglary or from any other cause.
Have you ever claimed upon Insurer Policy?	rs in respect of losses or damage within the scope of the "All Risks"
Discovery of Loss: The Insured must promp	otly take all practicable steps for tracing and recovering the property lost.

Notification of Police: The Police Authorities must be notified of the loss without delay.

## STATEMENT OF CLAIM

- NB: (1) The amount to be claimed on any article is limited to the actual intrinsic value at the time of loss. The amount of damage should be stated.
  - (2) Receipts obtained at time of purchase of the undermentioned articles should be attached wherever possible for inspection and subsequent return.

DESCRIPTION OF PROPERTY	BELONGING TO	WHEN & WHERE BOUGHT	PRICE PAID	DEDUCTION FOR AGE, USE, WEAR & TEAR	AMOUNT CLAIMED

I hereby declare that the property claimed for, particulars of which are given above, has been lost, stolen or damaged and that all statements on this form are to be the best of my knowledge and belief, correct.

Date ..... Signature of Insured .....

The Company does not admit liability by the issue of this form.