

DONEWELL INSURANCE COMPANY LIMITED



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P. O. BOX 2136, OSU-ACCRA.
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ASSETS ALL RISKS INSURANCE - CLAIM FORM

(THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM)

POLICY NO.:.....

INSURED:.....

TRADE / BUSINESS.....

ADDRESS..... TEL NO.:.....

DATE OF LOSS..... TIME:.....

PLACE OF LOSS:.....

Describe fully how the accident occurred:.....

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Have you reported to the Police?.....

Names and Addresses of all Witnesses and the number of the Police who
took Evidence:

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State the Name and Address of the person injured, or the property Damaged:

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State the nature of injury or damage:

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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***

Date: ..... Signature:.....

