

# ENTERPRISE INSURANCE COMPANY LIMITED

Incorporated in Ghana with Limited Liability

HEAD OFFICE  
HIGH STREET  
P.O. BOX 50  
ACCRA  
TELEPHONE 666847 - 49  
666856 - 59

TEMA OFFICE  
COMMUNITY 7  
P.O. BOX 883  
(TELEPHONE 4368)

KUMASI OFFICE  
WESLEYAN ROAD  
P.O. BOX 1000  
KUMASI  
(TELEPHONE 22325)

TAKORADI OFFICE  
AMANFUL ROAD  
P.O. BOX 500  
TAKORADI  
(TELEPHONE 22035)

TAMALE OFFICE  
COMMERCIAL BANK STREET  
P.O. BOX 895  
TELEPHONE 22362

**CLAIM FOR LOSS UNDER ALL RISKS POLICY No.** .....  
(To be filled in by Insured)

I, .....  
of .....

being insured under the above mentioned Policy, do hereby declare that at or about

..... o'clock, on ..... the ..... day of ..... 19.....

a loss occurred to the best of my knowledge and belief in manner following:-

.....  
.....  
.....

1. (a) Date Police advised of loss (a).....  
(b) Name of Police Station (b).....
2. What other steps have been taken for the recovery of the property lost? .....
3. Have you any reason to suspect any person in connection with the loss? .....
4. Is the property lost insured under any other policy against Fire, Theft, or "All Risks"? If so, give particulars .....
5. Have you ever sustained a loss by Fire, Theft or any other risk covered by your Policy? If so, give particulars .....

And I further declare that the Property enumerated on the other side, and insured under the said Policy, was lost, stolen or damaged, and that the amounts severally stated represent the sum I am entitled to claim, in terms of the Policy.

I also further declare that no other person has an interest in the said Property, whether as Owner, Mortgagee, Trustee or otherwise, and that it is not otherwise insured, except as herein stated.

Signature of the Claimant.....

Date.....

(OVER

