



SERENE INSURANCE COMPANY LIMITED

Head office: First Sky Tower, Com 25 Junction, After Kpone Barrier
P.O. Box PMB CO 90, Tema, Ghana Telephone No.
0302-917444/6/7

FIRE CLAIM FORM

Policy Number: _____

Name of Insured: _____

Address _____

Tel No.: _____ Fax No.: _____

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

2. Date and Time of Fire: _____

3. What was the cause of the fire? _____

4. (i) Are you the sole owner of the property destroyed or damaged? _____

(ii) Are there any hire purchase contracts in force? _____

(iii) Gives details of other interested parties: _____

5. (i) Were there at the time of the occurrence any other insurances in force on
the property, whether effected by you or any other person? _____

(ii) If so, give full particulars of the Insurances: _____

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

(i) Building _____

(ii) Contents _____



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INSTRUCTIONS TO BE OBSERVED

All damage property must be protected from further deterioration and should not be disposed of until permission is given by the Company or its Loss Adjusters.

BUILDING: 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 above, supported by invoices. As the policy is a contract of indemnity the amount claimed must be based upon the actual value at the time of the loss.

Date: _____ **Signature of Insured:** _____

If you have any reason to contact our Regulator, you may reach them at the address below:

**Insurance Place
Independence Avenue
P. O. Box CT 3456
Cantonments, Accra
Ghana**

Tel: +233 302 238300 / 238301

Fax: +233 302 237248 / 246369

E-mail: info@nicgh.org

Websites: www.nicgh.org