



VANGUARD ASSURANCE COMPANY LIMITED
NO. 47 INDEPENDENCE AVENUE
P.O. BOX 1868 ACCRA

PUBLIC LIABILITY CLAIM FORM

This form should be completed and returned to the Company immediately, whether a claim has been made on the Insured or not.

1. Name of Insured:

Address:

Business

2. Date, hour and place of
Accident/incident

3. Cause:

4. Nature and extent of injury,
damage or loss

5. (a) Name, address and age of injured person

(b) Name and address of owner
of Property damaged or lost

(c) is he or she in your service?

6. Has any communication – verbal or
written been made to you on any property
damaged or lost. If so give particulars.
(Any written communication received
must accompany this form)

7. Have any steps been taken to
compromise or settle the matter in
any way? If so, what and by whom?

8. When, and by whom was the
accident reported to you?

9. Names and addresses of
witnesses of accident/incident

10. Give the number of policemen
if any who took particulars

I/We hereby declare that to the best of my/our knowledge and belief, the above statements are fully and truly made.

Date:.....

INSURED'S SIGNATURE.....