

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

BURGLARY CLAIM FORM

POLICY NO.....

CLAIM NO.....

INSURED'S Name in Full.....

ADDRESS.....

1. Address of Premises in which theft was committed.

2. State date and time the theft occurred

3. State how entrance was affected

4. If the premises were unoccupied
state for how long it was left unoccupied

5. State from which room the articles were taken

6. When was the loss first discovered

7. Have Police been advised of the loss?

At which station?

8. At what figure would you value the total contents
of your premises at the time of the theft?

9. Sum Insured of Burglary Insurance Policy

10. Are there any other insurances against theft
upon the same property?

I hereby declare that the property mentioned overleaf belonging to me and insured
under the above Policy was stolen and that in the consequence of such theft claim is
hereby made for the sums severally stated within; and I further declare that no other
person excepthas any interest in the said property.

Witness my hand this.....day of

Witness:..... Signature.....