



GLICO GENERAL INSURANCE COMPANY
P.O. BOX 4251, ACCRA-GHANA
TEL. (233-021) 253021/255742 FAX: 233-21-258211

CASH-IN-TRANSIT AND IN-SAFE CLAIM FORM

POLICY NUMBER:.....

PERIOD OF INSURANCE:.....

1. Name of Insured/ Claimant:.....

2. Address:.....

3. Location of Premises:.....

4. Date of Loss:..... 5. Time of Loss:.....

6. Place of Loss:.....

7. Nature of Loss:.....

8. Description of how the loss occurred:

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9. Description of Property lost:.....

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10. Amount of Money lost:.....

11. Value of Property Lost:.....

12. Any Other Loss sustained:.....

13. Value of such Loss:.....

14. Was the incident reported to the Police?.....

15. Give the Name of the Police Station:.....

Kindly attach a Police Report to this Claim Form when submitting it to us.

I / We hereby declare that the above information is given in good faith and to the best of my/ our knowledge.

NAME AND SIGNATURE:.....

DATE:.....