



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

FIDELITY GUARANTEE CLAIM FORM

This claim form is to be completed by the insured and sent to the insurer immediately the damage / loss/ fraud is discovered and its extent and cost can be estimated.

Insured:.....Policy No.....

Address.....

Telephone No.....

1. Branch (Where the loss occurred).....

2. Location of Branch.....

3. Name of (Branch) Manager.....

4. Name(s) of schedule officer(s)

5. Names(s) of culprits: if known

6. How was loss / damage / fraud detected

7. Brief account of the loss / damage / fraud (or attach typewritten account)

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8. Date of which loss / damage / fraud was detected.....
9. If continuous act give duration of act: From.....
To:.....
10. Total amount of claim:.....
11. Analysis or breakdown of amount of claim

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12. Measures taken to minimize future loss / damage

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13. Under which portion of policy are you claiming.....
14. Is the incident reported to the police?.....
If yes which police station?.....
15. Have you insured with any other company?.....
If yes please give name of the company.....

NB: any other information could be typewritten and attached.

The undersigned hereby declares that the above information is given in good faith and to the best of his knowledge.

Date.....

Place.....

Signature.....