



INSURANCE

Your Advantage

A Member of the Enterprise Group

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REPORT OF FIRE OR THEFT

(To be completed fully and returned immediately)

Name in full.....

Address.....Private Tel. No.....

Occupation.....Business Tel. No.....

Is there any other Insurance which might apply?.....

If so, name of other Insurers.....

VEHICLE

Make.....Cubic Capacity.....Registration No.....

Is the vehicle solely your property? If not, please state name of any other party interested.....

Name and Address of party from whom you purchased vehicle.....

..... Approximate date of purchase.....

If Sales Invoice is available, please attach to this Form.....

Have any modifications been carried out since the purchase?.....

Approximate mileage at date of loss?.....Estimated Value?.....

USE OF VEHICLE

Details of Journey:..... From:..... To.....

Exact purpose of journey.....

DRIVER OR PERSON LAST IN CHARGE

(Please complete fully even if the Insured were personally driving or last in charge)

Name.....

Address.....

Age.....Occupation.....

Does he/she hold current driving license for above vehicle?.....

If so, is it full or provisional?

No. of License.....Date of Issue.....

Has he/she ever been prosecuted or are proceedings pending for any alleged motoring offence?.....
If so, please state particulars of any convictions recorded.....
Is he/she in your direct employ?.....If so, for how long?.....
Does he/she have a motor insurance policy in own name?.....
Name of insurer and policy no.....

PLEASE COMPLETE THE APPROPRIATE ONE OF THE FOLLOWING TWO SECTIONS

SECTION A. THEFT

FULL DESCRIPTION OF HOW INCIDENT OCCURRED

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When theft was first discovered?Date.....Time.....
Place of theft.....
Were all doors locked?.....
Were all windows fully closed?.....
Was an anti-theft device fitted to the vehicle?
Is so, its type?
Was it in use?.....
Were there alternate precautions taken against theft?.....
Was the vehicle kept in a locked garage overnight?.....
When was the vehicle last seen before the theft?.....Date.....Time.....
How long had the vehicle been left unattended prior to the theft?.....
When was theft reported to police?.....Date.....Time.....
Address of Police Station where the report was made.....
Have you any clue or suspicion as to the identity of the thief or thieves?.....
.....
If so, please give particulars you have as to his identity
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.....
Has anyone been apprehended in connection with the theft?.....
Has the vehicle been recovered?.....

If so, when and where?.....

Brief details of any damage sustained.....

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Present whereabouts of vehicle for inspection by engineer, if necessary.....

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SECTION B. FIRE

FULL DESCRIPTION OF HOW INCIDENT OCCURRED

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When was fire first discovered?.....Date.....Time.....

Place where fire occurred.....

Was vehicle in use and if so, in whose charge?.....

Address of Fire Station notified.....

Approximate time of arrival of Fire Brigade.....

If vehicle was not in use, date and time when last left unattended prior to fire.....

Brief details of damage.....

.....

Present whereabouts of vehicle (for inspection by engineer, if necessary).....

Suspected cause of fire.....

If due to possible negligence of Third Party, his name and Address:.....

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How was he negligent?.....

.....

I/We hereby declare that the foregoing Particulars are true in every respect to the best of my/ our knowledge and belief

Date.....

.....

Signature