	INSURER:										
ALL RISKS POLICY CLAIMS FORM											
NOTI	FICATION OF LOSS UNDER ALL RISKS POLICY NO.	·									
I,		(To be filled in by Insured)									
being	insured under the above mentioned Policy, do her	eby declare that at or abo	out								
	o'clock, onthe _	day of	20								
a loss	s occurred to the best of my knowledge and belief i	n manner following:-									
1.	a) Date Police advised of loss										
2.	<ul><li>b) Name of Police Station</li><li>What other steps have been taken for the recovery of the property lost</li></ul>	(b)									
3.	Have you any reason to suspect any person in connection with the loss?										
4.	Is the property lost insured under any other policy against Fire, Theft or "All Risks"?  If so, give particulars										
5.	Have you ever sustained a loss by Fire, Theft or any other risk covered by your Policy? If so, give particulars										
	further declare that the Property enumerated on the function of damaged, and that the amounts severally states.										
	o further declare that no other person has an interestee or otherwise, and that it is not otherwise insured										

Signature of the Claimant:

ull Description of Article	State to whom Property Belonged	When and where bought or when and by whom presented	Price	Price Paid		Deduction for Depreciation and/or Wear and Tear		Amount Claimed	
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