

**PRIORITY INSURANCE COMPANY LIMITED**

**PRIORITY HOUSE, NO. C502/1, AVENOR JUNCTION, ACCRA**

**HEAD OFFICE: P.O. BOX GP 13803, ACCRA- CENTRAL**

**TEL NO: 0302-979477, 0302-979478, 0243-138803**

DATE FORM WAS COLLECTED..... DATE FORM WAS RETURNED.....

**CASH - IN - TRANSIT CLAIM FORM**

(The company does not admit liability by the issue of this form.)

Name of Insured.....

Address.....

Policy No.....

Business/Occupation.....

Telephone No.....

1. Date of Accident.....Time of Accident .....

2. Place of Accident .....

3. Please give a brief description of how the Accident happened (attach extra sheet if necessary)

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4. Nature and extent of loss.....

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5. Please give details of security attached to cash, either in transit or in safe at the time of accident.....

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6. When and by whom was the accident reported to .....  
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7. Have the police been informed, and did they take any particulars or evidence? If yes please give details of Police station and Police officer's name or number.....  
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8. Name and addresses of witness/es of the accident .....  
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9. Have any steps been taken to compromise or settle the incident in any way? If so what and by whom.....  
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10. Do you have any other policy indemnifying you in respect of this accident? If yes please give details.....  
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11. How is the entrance to the place secured?.....  
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12. What type of safe is kept at the premises?.....
13. How was it secured?.....  
.....
14. Who keeps the keys to the safe?.....
15. What is the maximum amount of cash kept in the safe?.....
16. Where is the safe kept?.....

I / WE HERBY DECLARE THAT TO THE BEST OF MY / OUR KNOWLEDGE AND BELIEF, THE ABOVE STATEMENTS ARE TRUE.

DATE.....INSURED'S SIGNATURE.....