



QUALITY INSURANCE COMPANY

Quality House - Accra

☎ 050 717 5500

✉ headoffice@qicghana.com

MOTOR CLAIM FORM

Name of Policy holder.....

Address.....

Tel. No.

Make of Vehicle.....Registration No:.....

Engine Capacity.....Year of manufacture.....

Chassis No.....

Date of Loss/Accident.....Time.....

Describe How the Accident Occurred.....

.....

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Was the accident reported to the Police: **YES/NO**

DECLARATION

I/we declare that the above answers are true and complete.

Date.....

Signature of Insured.....