

STP/STP PLUS ADJUSTMENT SHEET

INSURED:

POLICY NO.:

VEHICLE No:

DATE OF LOSS:

POLICY TYPE: MOTOR COMPREHENSIVE

POLICY LIMIT O/D: GHC 265,500.00

ANY PREVIOUS CLAIM(S) MADE: YES ☒ NO ☐

O/D AMOUNT PAID :

LICENCE CLASS TYPE B

CLAIM NO.: ACR/CLAGCC/000012036

Y.O.M 2021

LOCATION: DANSOMAN

POLICY PERIOD: 01/01/2021 - 31/12/2021

TPPD:GHC 10,000.00) POLICY EXCESS: EIB

DATE PAID:

TPPD AMOUNT PAID:

DATE OF ISSUE: N/A

DOCUMENTS SUBMITTED:

COMPLETED CLAIM FORM:

DRIVER'S LICENCE:

REPAIR ESTIMATE:

POLICE/FIRE REPORT:

YES ☒ NO ☐

YES ☐ NO ☐

YES ☐ NO ☐

YES ☐ NO ☐

SECTION B

CIRCUMSTANCE/CAUSE OF LOSS:
EXTENT OF DAMAGE:

STATEMENT OF CLAIM:

ADJUSTMENT:

GHC

RECOMMENDATION:

ADJUSTED BY:

DATE: