

Head Office: Plot 1412, Santa Clara Court, Ahmadu Bello Way, Victoria Island, Lagos. Tel: 234-01-2701560 - 5

ALL RISK CLAIM FORM

The issue of this form is not to be taken as an admission of liability

INSURED'S DETAILS

Name of insured _____

Address _____

Phone no: _____ Policy No: _____

DESCRIPTION OF LOSS/DAMAGE

Type Of Claim: _____ Location of Claim: _____

Date of Occurrence: _____ Time: _____

Description of Property Involved: _____
(Year, model no, make if applicable)

Description of Loss _____

Estimate of Loss/Repairs ₦ _____

Description of the property for which this claim is made (1)	Date of purchase or Manufacture (2)	Cost price (3)	Deduction for age, use and wear and tear (4)	Amount claimed (5)
TOTAL				

Third Party Details (if Any) _____

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY

(a) Are you the sole owner of the property destroyed, stolen or damaged? _____

(b) Are there any hire purchase contracts in force? _____

(c) Details of hire purchase contracts

Name _____

Phone: _____

Address _____

(d) Were there at the time of the occurrence any other insurance in force on the property, whether effected by you or by any other person? If so, give full particulars.

(e) What was the total value of the property insured by the policy at the time of loss?

Rs _____

(f) Have you previously claimed against any insurer in respect of risks covered by this policy? If so, please state the name of the insurers and policy numbers if known _____

(g) Have you informed the Police Authorities? _____

If So, Name and Address of the Police Station _____

(h) Have you previously suffered a loss by Burglary, Housebreaking or Theft?

(i) Have you ever made a claim under a Burglary or All Risk Policy? If so please give details

I/We declare that the above is a full and accurate statement and that the sum claimed, viz further declare that no other person except _____ has any interest in the said property.

Date _____

Signature of Insured _____