

Head Office: Plot 1412, Ahmadu Bello Way, P.M.B. 80015, Victoria Island, Lagos.Tel: 234-01-2701560 - 5

**ERECTION ALL RISK CLAIM FORM**

**INSURED'S DETAILS**

Name of Project/Contract \_\_\_\_\_

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 number and make if applicable)

\_\_\_\_\_

Description of Loss/Damage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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) Is there any Third party property damage? \_\_\_\_\_

(b) Estimate of Third party damage. \_\_\_\_\_

(c) 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. If not, Please write "NO"

\_\_\_\_\_

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

~~N~~ \_\_\_\_\_

(e) How far has the erection progressed as at time of occurrence?

\_\_\_\_\_

(f) Is overtime or night work or express freight involved in other to repair the damaged items? \_\_\_\_\_

\_\_\_\_\_

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(g) 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 and details of the claims

\_\_\_\_\_

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\_\_\_\_\_

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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/Stamp of Insured \_\_\_\_\_

**PLEASE MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED  
(The company does not admit liability by the issue of this form)**