



FBN General Insurance Ltd. - NC 209278

298, Ikorodu Road, Lagos, P.O. Box 21170, Ikeja

- Lagos, Nigeria

Telephone: +234 (1)9054810, +234 (1)9054832

298 IKORODU ROAD, ANTHONY LAGOS

TEL: 019054819

BURGLARY CLAIM FORM

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS CLAIM
ALL COMMUNICATIONS RECEIVED IN CONNECTION WITH THIS ACCIDENT MUST BE
FORWARDED TO THE COMPANY UNANSWERED: AND PLEASE DO NOT ADMIT LIABILITY
FOR THE ACCIDENT ON BEHALF OF THE COMPANY

1. Details of the Insured

- (a). Name of Insured: _____
- (b). Policy No: _____
- (c). Address: _____
- (d). Telephone No: _____
- (e). Occupation of Business: _____
- (f). Date of Payment of Last Premium: _____

2. Details of the Incident

Please give the following information about your loss:

- (a). When did it happen? Date: _____ Time: _____
- (b). Where did it happen? _____
- (c). How did it happen? _____

- (d). What steps have been taken to discover the guilty person/persons and to trace and recover the property lost? _____

BOARD OF DIRECTORS: Chairman: Olugbenga Shobo, Managing Director and Chief Executive Officer: Bode Opadokun, Non-Executive Director: Val Ojumah
Non-Executive Directors (South Africans): Hendrik Nel, Johan Schalkwyk, Independent Directors: Titi Adebisi, Yusufu Modibbo



3. Details of Property Lost

Description of Property for which this claim is made	Date of Purchase	Cost Price (Loss Discount)	Deduction for age use/wear	Amount Claimed

4. Details of Premises

Please give the following information about your premises:

(a). How was entry to the premises apparently effected? _____

WE declare that the whole of the statements made by me/us in this claim form are in every respect true. I/WE agree to provide any further information that may be required.

Signature_____ Date_____