

298 IKORODU ROAD, ANTHONY LAGOS

TEL: 019054819

ALL RISKS CLAIM FORM

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM

1. Name of Insured: _____
 - i. Policy No: _____
 - ii. Address: _____
 - iii. Date of payment of last Premium: _____
 - iv. Business/Occupation: _____ Phone No: _____

2. Please give the following information about the property for which you are claiming:
 - i. Description: _____
 - ii. When bought: _____ iii. From whom: _____
 - iv. Price paid: _____ v. Amount claimed: _____

3. Please give the following information about the Loss/Damage:
 - i. When did it happen? At: _____ a.m/p.m on: _____
 - ii. Where did it happen? _____
 - iii. How did it happen? _____

4. If property has been lost or stolen, please say:
 - i. If police have been notified: _____
 - ii. What steps have been taken to recover it: _____

- iii. Are you insured under any other policy for this Loss? _____
- iv. If so, please state the Insurers: _____

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

5. Details of Property Lost

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

I/We hereby declare the foregoing particulars to be true and correct

Signature: _____

Date: _____