



FBN General Insurance Ltd. - RC 208278

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

HOUSEHOLD INSURANCE CLAIM FORM

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

1. Name of Insured: _____
 - i. Policy No: _____
 - ii. Address: _____
 - iv. Business/Occupation: _____ Phone No: _____
2. Please give the following information about the property for which you are claiming:
 - i. Date of Occurrence: _____
 - ii. Where did the incident occur: _____
 - iii. Was the Property Occupied at the timer of loss? YES / NO
 - iv. If NO, state date and time last occupied: _____
3. If loss occurred by Burglary and/ or Housebreaking, Theft away from the premises, Accidental Loss and/ or Malicious Damage, state:
 - i. Explain fully how the incident occurred: _____

 - ii. When was the incident discovered? _____ by whom? _____
 - iii. Has the incident been notified to the appropriate authorities (Police/ Fire Brigade)? YES/ NO
 - iv. If YES, state the address of the station: _____
4. Was the incident caused by a Third Party (Vehicle impact or Liability)? YES/ NO
 - i. If YES, give details of the Third Party below:
 - ii. Name: _____ Phone No: _____
 - iii. Address: _____

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 Adebiyi, Yusufu Modibbo



5. Is the property which you are claiming under another Policy? if so please give details?

Insurance Co	Policy No	Period of Insurance	Amount Insured

ii. Have you ever made any claim under another Policy of Insurance? If so, please give details

1. 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

N.B: To assist in the processing of this claim, claimant must ensure, prior to submitting this claim to FBN General Insurance Ltd, that:

- i. This Claim Form has been fully Completed, Signed and Dated
- ii. All Original Receipts and/ or Purchase invoices for all lost or damaged articles are attached
- iii. All Original Estimates for the for the replacement of all lost or damaged articles are attached.

In the event that no Receipt and/ or Purchase Invoice exist for any item lost or damaged, some other proof of ownership of the articles lost or damaged must be provided wherever possible

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

Signature: _____

Date: _____