

# **CLAIMS MANUAL**

**PREPARED BY**

**FBN INSURANCE BROKERS LIMITED**

This manual highlights the steps to take and documents to submit in the event of an occurrence leading to a claim being made.

Immediate notification of claim orally via telephone calls which must be followed by either a written letter or e-mail.

Necessary steps should be taken to minimize further loss and/or damage.

The following documents to substantiate the claim are to be submitted:

### **A. PROPERTY RELATED INSURANCES (FIRE/THEFT/FLOOD/IMPACT DAMAGE ETC)**

1. Duly completed claim form (Claim Form(s) to be provided by us)
2. Statement of claim
3. Estimate of repairs/replacement invoice(s) of the affected items
4. Photographs of the affected property
5. Fire Brigade report (for fire related events)
6. Eye Witness Account/Internal Report on the incident
7. Police reports – Interim & Final (for theft related events)

### **MOTOR INSURANCE**

#### **ACCIDENT CLAIM**

1. Duly completed motor accident claim form
2. Estimate of repairs
3. Photographs of damaged vehicle
4. Police report (if fatal)
5. Third party claim (if any)
6. Insurance/contact details of third party (if third party is responsible for the damage)

#### **THEFT CLAIM**

1. All original vehicle particulars such as:
2. Vehicle license
3. Proof of ownership
4. Purchase receipt
5. Duly completed motor theft claim form
6. Interim/Final Police report
7. Duplicate/spare keys of the vehicle

## **GOODS IN TRANSIT**

1. Completed GIT claim form
2. Statement of loss
3. Eye witness report/Driver's account of loss
4. Waybill
5. Invoice
6. Details of the conveying vehicle
7. Contractual agreement
8. Police report

## **FIDELITY GUARANTEE**

1. Duly completed claim form (blank form to be provided by us)
2. Police report
3. Statement of claim
4. Copy of the letter of appointment of the affected staff
5. Queries issued and response/Letter of dismissal (where applicable)
6. Defaulting staff statement
7. Reference letters/Guarantor's form
8. Details of terminal benefits due to the affected staff
9. Details of recoveries made (if any)
10. Internal Audit Report (where applicable)

## **MONEY INSURANCE**

1. Duly completed claim form
2. Statement of claim
3. Police reports – Interim & Final
4. Other documentary evidences to buttress the cash stolen – bank tellers/withdrawal slips, record of cash in safe etc
5. Eye Witness account (where applicable)

## **GROUP PERSONAL ACCIDENT INSURANCE/EMPLOYERS LIABILITY**

### **BODILY INJURY ONLY**

1. Duly completed claim form
2. Excuse duty certificate
3. Discharge certificate
4. Medical Bill/Expenses/Receipts
5. Doctor's report (indicating the degree of permanent disability where applicable)
6. Three months' payslips of the staff prior to injury

### **DEATH ONLY**

1. Duly completed claim form
  2. Original Death Certificate (for sighting only)
  3. Original Burial Certificate (for sighting only) – where applicable
  4. Medical bill/expenses/receipts (where applicable)
  5. Medical certificate on the cause of death
- Three months' payslips of the staff prior to the incident

### **GROUP LIFE ASSURANCE**

1. Original Death Certificate (for sighting only)
2. Original Burial Certificate (for sighting) – where applicable
3. Medical Report on the cause of death
4. Newspaper Publication – Obituary
- 6.

### **GENERAL THIRD PARTY LIABILITY INSURANCE**

1. Duly completed claim form
2. Statement of claim from affected third party
3. Correspondences exchanged between your office and the third party