

Money Insurance

Claim form

IMPORTANT

- This form should be filled in by the person named as the 'Insured' on the policy schedule.
- Form is to be filled in CAPITAL LETTER and signed by the Insured. All asterisked (*) items must be filled to completion
- The issue of this form does not imply admission of liability

Policy number

Period of Cover **From**

D	D	M	M	Y	Y	Y	Y
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To

D	D	M	M	Y	Y	Y	Y
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1. INSURED DETAILS*

Name of Insured

Address

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Phone

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 Email:

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We can send you alerts for any update on your claim. Please confirm how you would prefer to receive your alert

Email SMS Both

DETAILS OF LOSS

2) a) When did the loss occur? Date Time am pm

b) Where did the loss occur?

c) To whom does the money belong?

d) Was the money in transit or locked in a safe?

3) a) If the Loss occurred whilst in transit, please provide the details of the person with whom the money was in their possession?

Name	Position	Salary

b) Was there any police escort? Yes No

c) What means of transport was used?

d) Full amount being carried and amount lost?

e) What disbursement were made by him during the journey?

f) Have you any reason to doubt the integrity of the employee?

4. a) If loss was sustained whilst in Safe, provide the name of the person who discovered the loss

b) Was the Safe bricked into the wall or standing free? _____

c) Give the names and position of employees in charge of key(s) _____

d) State Salary, Commission or other Remuneration paid to him/them _____

5. State fully the circumstances of loss

6. a) Have the Police been notified ? Yes No

b) If so, when and which Station? _____

c) What steps have been taken to recover the money? _____

7. a) Have you ever sustained a previous loss coming within the scope of the policy? Yes No

b) If so, please state the name of the Insurer(s) and policy number(s), if known _____

8. Are there any other Insurance upon the same money? If so, please state the name and address of the Insurers _____

DECLARATION

1. I/We declare to the best of my/our knowledge and belief that the information given on this form is true in every respect and agree that if I/we have made any false or fraudulent statement, be it suppression or concealment, the policy shall be cancelled and the claim shall be forfeited.
2. I/We agree to provide additional information to **NEM Insurance**, if required.
3. I/We agree to submit all required and requested for documents and **NEM Insurance** shall not be held responsible for any delay in settlement of claim due to non-fulfillment of requirements.

Signature of policyholder

Date	D	D	M	M	Y	Y	Y	Y
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NEM Insurance Plc. reserves the right to refute any fraudulent claims

CLAIMS PROCEDURE (Please read carefully to understand the claim process)

- NEM Insurance should be notified immediately.
- NEM Insurance may ask for additional documents and /or clarification if any, depending on the requirement of the claim.

For claims status enquiries, you may contact us on 01 448 9570

NEM Insurance

199 Ikorodu Road, Obanikoro, Lagos, Nigeria

Telephone: 01448 9570-2 Website: www.nem-insurance.com

NEM Insurance plc. is regulated by the National Insurance Commission (NAICOM)

