

What was the vehicle being used for at the time

Was a trailer attached to your vehicle at the time of the incident? Yes No

If Commercial Vehicle, please state below:

Class of license

Carrying capacity

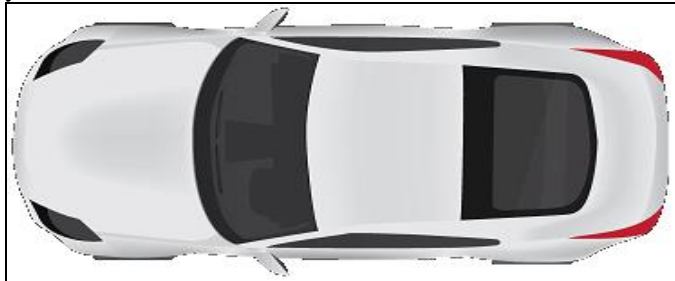
Type of Goods

Give a brief description of the damage

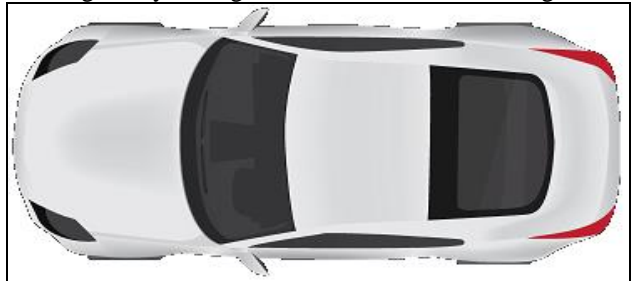
Where is the vehicle now?

Name, address, telephone number where vehicle can be inspected

On the first image, please indicate by marking **X** any damage to your vehicle as a result of the incident.



If there was another vehicle involved, please indicate by marking **X** any damage to their vehicle on the image below



3. DRIVER DETAILS (please attach license of the Driver) *

Full Name

Present Address

License Number

Date of Birth

Does the driver own the vehicle? Yes No

If No, does the owner pay the driver to drive the vehicle? Yes No

Was the driver using the vehicle with the policyholder's consent? Yes No

Does the driver hold a motor insurance policy in their own name? Yes No

If YES, please provide details: Insurance company
Policy number

Has the incident been reported to their insurance company? Yes No

Details of all claims/ police convictions, either settled/pending/arising in connection with any motor vehicle?

7. THEFT OR FIRE DETAILS

Where was the vehicle at the time of the fire or theft?

Date and time of fire or theft Time am pm

Date and time somebody was last with the vehicle Time am pm

Was the vehicle locked? Yes No

Was the vehicle ever involved in any previous accidents? Yes No

How many set of keys were there for the vehicle

Where were each set at the ime of the fire or theft?

Was the theft reported to the Police Yes No

If Yes, give details of Station

Please describe the circumstances under which the loss occurred

8. UNRECOVERED VEHICLE (Fill in this part if your vehicle has not been found & attach your Registration or Log book)

Engine number	Chassis number	Colour
---------------	----------------	--------

List any special fitments or accessories?

Have you had any special alterations made which are recognizable?

9. RECOVERED VEHICLE (If Vehicle is damaged, a detailed estimate of repairs should be submitted to the Company and repair should NOT be carried out without approval)

Place and Date recovered

Mileage reading at the time of recovery

Where can the vehicle be inspected?

Details of damage sustained (if any)

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
------	---	---	---	---	---	---	---	---

NEM Insurance Plc. reserves the right to refute any fraudulent claims

CLAIMS PROCEDURE (Please read carefully and understand the process of a motor claims.)

- NEM Insurance should be notified immediately with the policy documents.
- Do not repair the vehicle before inspection by our appointed surveyors
- Inspection will be arranged on receipt of claim notification and submission of detailed estimate of repairs from the repairer.
- Driver's License and Vehicle License must be submitted to us for verification and return.
- 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, 08077284786, 08077284635

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)

