



NEM Insurance Plc

199, IKORODU ROAD, OBANIKORO, LAGOS
 PO Box 654 Marina Tel: 01-448956-09; 01 4489570
 Email: nem@nem-insurance.com; Claims@nem-insurance.com

ALL RISK 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 To

1 INSURED DETAILS*

Name of Insured

Address

Phone Email:

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

Email SMS Both

2 DETAILS OF LOSS*

a) Type of Claim

b) Location of Claim

c) Date of Occurrence Time am pm

d) Describe Property involved: (model, make, year etc)

e) Provide the circumstance of loss or damage

f) Estimate of Loss/Repairs

Description of the property for which this claim is made	Date of purchase or manufacture	Cost price	Deduction for age, use and wear and tear	Amount Claimed	Remarks
TOTAL					

3 PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY

- a) Are you the sole owner of the property destroyed, stolen or damaged? Yes No
- b) Are there any hire purchase agreements? Yes No
- c) If YES above, please state name and address of Hire company
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.....
- d) Have you taken any steps to recover the lost property? Yes No
- e) Are there any other insurance covers upon the same property? Yes No
- f) If YES above, give full details of Insurance Cover
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.....
- g) Have you ever sustained loss of the same nature? Yes No
- h) What was the total value of the property insured at the time of loss?
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- i) At the time of the incident, was there any other insurance cover in place? Yes No
- j) Have you previously made a Claim with any Insurer in respect of risks covered by this policy? If you have,
.....
..... please provide name of the insurers and the policy number, if known
.....
.....
- k) Have you previously suffered a loss by Burglary, Theft or Housebreaking?
.....
- l) Have you ever made a Claim under a Burglary of All Risk policy? Yes No
- m) If YES please provide details Yes No
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- n) Have you informed the Police?
.....
- o) If YES above, provide name and address of Station Yes No
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4 Data Privacy

- i. Your data will solemnly be used for the purposes of this business contract and also to enable us reach you with the updates about our products and services.
- ii. Please note that your personal data will be treated with utmost respect and is well secured as required by Nigeria Data Protection Regulations 2019.
- iii. Your personal data shall not be shared with or sold to any third-party without your consent unless we are compelled by law or regulator.

5 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 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

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 +234 1 448 9570, +234 8023509846, +234 8035629237

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