



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

Burglary, Housebreaking and Larceny 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

Company Name (if applicable)

Title: Mr/Mrs/Chief/Dr/Other (Please indicate) Date of Birth Gender

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*

1) a) Full address of premises involved

..... Telephone

b) Date of theft Time am pm

2. Give full details of how entry to premises was effected

.....

.....

.....

3. Which rooms were entered?

.....

4. a) Were the premises occupied at time of loss? Yes No

b) If NO, state date and hour they were last occupied?

5. a) Do your suspicions rest upon anyone? Yes No

b) If YES, state name

6. a) Have you informed the Police? Yes No

b) Date of notification

c) Address of Police station

7. a) Are you the sole owner of the property damaged or stolen? Yes No

b) If NO, provide name and address of owners

8. a) Is there any other insurance cover against this loss? Yes No

b) If YES, provide name and address of Insurers

9. a) At the time of loss, what amount would you value the total contents of your premises?

10. a) What is the sum insured under your fire policy?

b) Provide name and address of Insurers so interested

11. a) Have you ever sustained a previous loss by burglary or theft? Yes No

b) If YES, explain the circumstances

3 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.

4 PLEASE COMPLETE WITH FULLEST PARTICULARS

DESCRIPTION	Cost Price of Property or Articles Stolen (N)	Date of Purchase	Estimated Value at the Time of Loss (N)	Net Amount Claimed (N)

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 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 _____

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, +2348 035629237