



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

Contractors, Plant and Machinery 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 PLANT/MACHINERY LOST OR DAMAGED*
(An estimate of repairs must be sent immediately)

Item number Year of Manufacture

Make Registration number Date of Purchase

Cost Price Deduction for age, use and/or wear and tear

Sum claimed for: 1) Present value

or 2) Repairs

3 PLEASE INDICATE: *

a) Date and hour of loss/damage (if known) Time am pm

b) If NOT known, when and where was the property last seen intact

c) Where did loss/damage occur?

d) Parts damaged and extent of damage

e) Where plant/machinery may be inspected

4 Please give FULL account of circumstances in which loss/damage was sustained

.....
.....

5 State here any suspicions or information as to the person or parties responsible for the damage

.....
.....

6 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.

7 LOSS/THEFT DETAILS

In the event of loss or theft:

- a) Have the police been informed?
.....
- b) If so, when and which Police station?
.....
- c) Give particulars of any other action taken with the object of recovery of lost property
.....

Are you the sole owner of the property lost or damaged? Yes No

If not, please provide full details of ownership
.....

Give details of any other insurance covering the property against theft, loss or damage.
.....

If loss/damage involved a Third Party, state name and details of their insurance company
.....

8 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, +234 8035629237

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