



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

Fidelity Guarantee 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 To

1 INSURED DETAILS*

Company Name

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*

2) a) Name of Defaulter Age

b) Present Address

c) Occupation of the Defaulter

d) Date of Discovery of the default

3) a) For how long, and in what manner, has the default been carried out and concealed?
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.....
.....

b) What is the amount of the default as at present?
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c) Has there been any previous irregularity in the defaulter's account(s). If so, state when, and give details
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.....
.....

d) On what date was the account last checked, and found correct?
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.....
.....

e) Has he, so far as you know, any property, furniture or other effect?
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.....

f) Is there any salary, commission, allowance or other remuneration due to him?
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g) Do you hold any other security in addition to this Guarantee?
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.....

4) a) Has the defaulter been discharged from your service?

Yes

No

b) If YES, state date of discharge
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.....

c) Has a proposal for settlement been put forward by the defaulter?
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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 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)