



# 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

## FIRE AND SPECIAL PERILS 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\*** (Evidence to be submitted should include Fire Brigade report, Pictures of loss, Police Report etc.)

1. a) Full address of premises involved .....

..... Telephone .....

b) Date of Occurrence ..... Time ..... am  pm

2. Describe what happened and the resultant damage, stating what you believe caused it to happen

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3. a) Was the premises used for the purpose prescribed in the Policy? Yes  No

b) State purpose the premises was being used for, at the time of occurrence?

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c) Had any element of risk been introduced which was not allowed in the Policy? Yes  No

d) If YES, give details

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e) What measures were taken when the Fire was discovered?

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4. a) Are you the sole owner of the property damaged or destroyed? Yes  No

b) If NO, provide name and address of owners

5. a) At the time of occurrence, were there any other existing insurance covers on the said Property with any other Insurer, whether effected by the Claimant or by any other person Yes  No

b) If YES, provide name and address of Insurers

6. a) At the time of Occurrence, what amount would you value the total contents of the Premises?

7. a) Have you previously claimed against any insurer in respect of risks covered by this policy? Yes  No

b) If YES, provide date, and amount of loss

### 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)

