



# NEM Insurance Plc

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## GOODS-IN-TRANSIT 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: .....

Business Type .....

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) Date of Loss or damage ..... Time ..... am  pm

b) Place of Occurrence .....

c) Description of Goods concerned .....

d) Number of packages ..... Total weight ..... Total Value .....

e) How Goods were packed? .....

2. a) Circumstances of loss or damage (*Continue on separate sheet if necessary*) .....

3. a) If another Vehicle was involved, state name and address of owner .....

b) Name and address of Witness .....

c) Address of Police Station advised of incident .....

d) Date reported to the Police .....

d) Address from which Goods were dispatched .....

e) Date dispatched .....

f) Name and address of consignees .....

4. a) Particulars of Goods lost or damaged

*(All Invoices, Delivery Notes, Receipt and Correspondence are to be sent with this form)*

Quantity	Description	Value

b) Address where damaged goods can be inspected

**5. IF YOU ARE THE OWNER OF THE GOODS, PLEASE COMPLETE THIS SECTION**

a) How and by whom were the goods transported?

b) Name and address of their insurers?

**6. IF YOU ARE CLAIMING AS THE CARRIER OF THE GOODS, PLEASE COMPLETE THIS SECTION**

a) Name and address of the owners of the goods

b) Name and address of their insurers?

7. a) Were the Goods in sound condition when received?

Yes  No

b) Were they checked by your driver?

Yes  No

c) Registered letters and number of your vehicle concerned

d) Did you or your employees load or unload the vehicle?

Yes  No

e) If so, was a receipt given?

Yes  No

f) What condition or carriage do you use (Please attach a specimen-copy)

g) Has a claim been made against you by the owner?

Yes  No

h) Date received

### 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 7030855602, +234 8035629237*

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