



# 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

## Group Personal Accident 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\***

1. a) Accident Date ..... Time ..... am  pm

b) Place .....

c) Please describe incident .....

d) Particulars of Injuries .....

2. a) Name and Address of Witnesses .....

3. a) Name and Address of Doctor in attendance? .....

b) Is he your usual Doctor? Yes  No

4. a) How long have you been totally incapacitated from attending to your job?

From

To

b) How long have you been partially incapacitated in the sense of being necessarily prevented from attending to a substantial and essential part of your occupation?

From

To

5. Please provide name, address and policy number of any insurers concerned with this accident.

Name and Address of Witnesses

### 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)