



...together to succeed

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

MOTOR 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*

Name / Company Name:

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 INSURED VEHICLE* (An estimate of repairs must be sent as soon as possible if the damage is covered by the policy)

Vehicle Registration Number

Make and Model

Year

Engine number

Chassis number

a. Registered in your name? Yes No If not, give details

b. Owned solely by you? Yes No If not, give details

c. The subject of a hire purchase agreement? Yes No If so, give details

What was the vehicle being used for at the time

Was a trailer attached to your vehicle at the time of the incident?

Yes

No

Give a brief description of the damage

Name, address, telephone number where vehicle can be inspected

3 CIRCUMSTANCES OF THE INCIDENT*

Where did the incident happen?

Date

Time

am

pm

Please describe exactly what happened (including details of warnings given by all parties)

4 WITNESSES (including all your passengers)

Witness 1 Name _____ Phone Number _____

Address _____

Witness 2 Name _____ Phone Number _____

Address _____

Please indicate if any of the above was a passenger in the vehicle at the time of the incident

Witness 1 Witness 2

5 OTHER DRIVERS INVOLVED AND PROPERTY DAMAGED

Was another vehicle(s) involved in the accident? Yes No (If YES, please provide details below)

1. Car Registration Number _____ Car Make/Model _____

Name Phone Number _____

Address _____

Description of Injury and Damage _____

2. Car Registration Number _____ Car Make/Model _____

Name Phone Number _____

Address _____

Description of Injury and 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 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 8030415964, +234 8035629237

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