



# 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

## CLAIM FORM FOR RENT ASSURANCE POLICY

**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 (Hereinafter referred to as Tenant) .....

Address .....

Age .....

Email ..... Phone Number .....

Name of Landlord .....

Address of Landlord .....

How long has Insured been living in the premises? DD/MM/YY .....

### 2 Claim Information

Period of Default From (DD/MM/YY) / / to / / .....

Amount defaulted (Naira) ..... Rent Due Date DD/MM/YY / / .....

What is the frequency of Rent Payment? Is it Yearly/Half yearly/Biannually? Please state .....

Policy Number .....

Cause for inability to pay the Rent .....

.....

.....

### 3 Beneficiary Details

Name of Beneficiary (Hereinafter referred to as Landlord) .....

Age ..... Address .....

Email: ..... Phone Number .....

Occupation .....

**4** (IN BLOCK CAPITAL)

I ..... of .....  
do hereby warrant the truth of the answers and particulars given on this form, and that I have withheld no material information and I hereby claim for loss as set out in the Schedule hereto, amounting in all to N .....

Dated this ..... Date of ..... 20 .....

Signature of Insured .....

**Note:** Please attached a copy of the rent agreement and demand note on renewal and/or quit notice to the completed claim form.

**5 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.

**6 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)