



# Industrial and General Insurance Plc

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## FIRE INSURANCE CLAIM FORM

This form is issued on receipt of notice of loss or damage but is in no way admission of liability.

Please answer all questions fully and return forms without delay.

Policy No  Claim No

Agency

Insured

Contact Address  State

Postal Address  State

Occupation

Telephone  Mobile  Email

Last premium

State the date and time when the loss occurred Date:  Time

### PARTICULARS OF OCCURRENCE

Place where damaged occurred

Date \_\_\_\_\_ 20\_\_\_\_ between the hours of \_\_\_\_\_ m. and \_\_\_\_\_ m.

Date Discovered \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_ m

Describe fully how loss or damage occurred and circumstances under which discovered:-

Nature of Claimant's interest in the property

Any other interest in the Property

State what other Insurances are in force upon the property lost or damaged. If none write "none".

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State the Total value of contents of the Premises at

Date of Theft \_\_\_\_\_ N \_\_\_\_\_ (Date last Premium paid) \_\_\_\_\_

**DETAILS OF CLAIM**

NOTE 1: If a Building is damaged, a Tradesman's detailed estimate should accompany this form.

NOTE 2: If an article is repairable, the cost of repair only need be inserted in column 5.

NOTE 3: In all other cases the following columns must be completed as far as they are applicable.

Property destroyed or damaged (give details)	(1) * Cost Price of Article	(2) * Date of Purchase	(3) * Value at time of fire, after deducting of wear and tear	(4) * Value of Article after Fire	(5) * Amount Claimed Col.(3) Less Col.(4)
	* If exact information is not available it should be given approximately.				
<b>TOTAL AMOUNT CLAIMED</b>					

I/We hereby declare that the property claimed for has been destroyed or damaged and that all statements on this form are correct to the best of my/our knowledge and belief.

Signature of Claimant \_\_\_\_\_

Date \_\_\_\_\_