

FIRE CLAIM FORM

NOTE:- This form must be completed and returned immediately to the corporation and in no case later than 30 days from the date of occurrence of loss or damage.

NIGERIAN AGRICULTURAL INSURANCE CORPORATION

HEAD OFFICE:
Plot 590, Zone A. O
Central Area
P.O. Box 3754, Garki-Abuja

Claim under policy Number _____

Name of Insured _____ Telephone Number _____
(BLOCK CAPITALS)

Address _____

1 Address of the Premises where the loss or damage occurred _____

2 Date and time of the fire? _____

3 What was the cause of the fire? _____

4 (a) Are you sole owner of the property destroyed or damaged? (A)
(b) Are there any hire purchase contracts in force?.....
(c) Give details of other interested parties

5 Were there at the time of the occurrence any other insurances in force on the property, whether effected by you or by any other persons? If so, give full particulars, if not, Please write "No"

6 What was the total value of the property insured by the policy at the time of the loss?..... Building ₦
Contents N

7 Have you previously claimed against any insurer in respect of risks covered by this policy?
If so, give particulars.....

8 Are there any other insurance upon the same property?
If so, please state name of insurers and policy Nos. If known.

9 I/We declare that the above is a full and accurate statement and that the sum claimed, viz: N
for the property detailed overleaf represents the true amount of the loss; and I /We further
declare that no other person
Except Has any interest in the said property
Date Signature of Insured.....

INSTRUCTIONS TO BE OBSERVED

All damage property must be protected from further deterioration and should not be disposed off until Permission is given by the corporation or its Loss Adjusters.
Buildings, the claim form should be accompanied by a tradesman's detailed estimate. Due allowance should be made for age and depreciation and the cost of contemplated improvements should not be