

SALAM TAKAFUL INSURANCE COMPANY LIMITED
65, IBRAHIM TAIWO ROAD, KANO



CLAIM No.....

CONSEQUENTIAL LOSS CLAIM FORM

NOTE:

- ❖ The Issue of the Form does not imply admission of liability
- ❖ The Participant is requested to answer all questions fully and return without delay Dashed are insufficient

1. (a) Name of Participant.....
(b) Policy No.....
(c) Address.....
(d) Telephone.....
(e) Occupation or Business.....

2. Details of Plant/Machinery lost or Damage: -

- a) Item No:
- b) Name of Maker:
- c) Registration No.....
- d) Year of manufacture
- e) Date of Purchase:
- f) Deduction for age, use and/or wear tear:
- g) Sum claimed for:-
- h) Present value

3. Please state: -

- (a) Date and hour of loss/damage, if known.....
- (b) If not known, when where and by whom the property was last seen intact.....
- (c) Where loss/damage occurred.....
- (d) Parts damage and extent.....
- (e) When Plant/Machinery may be seen.....

4. Please give FULL account of circumstances in which loss/damage was sustained

5. State here any suspicious or information as to the person/s or parties responsible for the loss/damage