

# SALAM TAKAFUL INSURANCE COMPANY LIMITED

65, IBRAHIM TAIWO ROAD, KANO

Website: [www.salamtakafulinsurance.com](http://www.salamtakafulinsurance.com)

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## ERECTION ALL RISK CLAIM FORM

**Instruction:** Use (✓) where appropriate.

**NOTE:** i- The Issue of the Form does not imply admission of liability.

ii- The Participant is requested to answer all questions correctly.

iii- Receipt of purchase of missing or damaged property should be submitted where possible.

iv- Estimates of repairs should be submitted but the return if this should not be delayed meanwhile.

### PART A: POLICY DETAILS

POLICY NO:

### PART B: PARTICIPANT DETAILS

FULLNAME:

ADDRESS:

TELEPHONE:

OCCUPATION/  
BUSINESS :

### PART C: DETAILS OF PLANT/MACHINERY LOST OR DAMAGED

i- Item No:

ii- Make:

iii- Registration No:

iv- Year of manufacture:

v- Date of Purchase:

\_\_/\_\_/\_\_\_\_ format dd/mm/yyyy

vi- Cost Price:

vii- Deduction for age,  
use and/or wear tear :

viii- Sum claimed for: -

a- Present value:

OR

b- Repairs:

Authorized and Regulated by:



Member of:



**PART D: DETAILS OF LOSS/DAMAGE**

i- Date and hour of loss/damage, if known: Time: \_\_: \_\_ am/pm      Date: \_\_/ \_\_/ \_\_\_\_

ii- When, where and by whom the property was last seen intact;

(a) When: Time: \_\_: \_\_ am/pm      format HH:MM      Date: \_\_/ \_\_/ \_\_\_\_      format dd/mm/yyyy

(b) Where:

(c) By whom:

iii- Where loss/damage occurred:

iv- Parts damage and extent:

v- When Plant/Machinery may be seen:

vi- Please give FULL account of circumstances in which loss/damage was sustained:

vii- State here any suspicious or information as to the person/s or parties responsible for the loss/damage:

**PART E: OTHER DETAILS**

i- In the event of loss by theft: -

(a) Have the Police been informed?       YES       NO

If yes, when:      \_\_/ \_\_/ \_\_\_\_      format dd/mm/yyyy

Which Police Station?

(b) How were the Police Informed?

(c) Who was the responsible person in your employ to whom the loss was reported?

(d) What is the responsible person's position with you?

(e) When was the loss reported to the responsible person?      \_\_/ \_\_/ \_\_\_\_      format dd/mm/yyyy

(f) Give particulars of any other enquiries and action take with the object of recovery of lost property:

Authorized and Regulated by:



Member of:



ii- Are you the sole owner of the property lost or damaged?  YES  NO

If not, please give full details of ownership

iii- Estimates of repairs:

### PART F: OTHER TAKAFUL/INSURANCE DETAILS

i- Are there any other insurance/Takaful operators against loss, damage or theft on the same property?

YES  NO

If YES, please give full details below

ii- If loss/damage involved a Thirty Party, state name and address and details of his Insurers/Takaful operator

Name of Insurers/Takaful Operator:

Address:

Other details:

### PART G: DECLARATION

I/We declare the foregoing particulars to be true in every respect, to the best of my/our knowledge and belief, and that I/we have not withheld any information bearing on this claim.

Designation.....

Date.....

Signature .....

**N.B** This Statement of claim should be completed and forwarded to the company.

Authorized and Regulated by:



Member of:

