

SALAM TAKAFUL INSURANCE COMPANY LIMITED

65, IBRAHIM TAIWO ROAD, KANO

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HOUSEHOLDER CLAIM FORM

Instruction: Use (✓) where appropriate.

PART A: POLICY DETAILS

POLICY NO:

Date of payment of last Contribution: __/__/____

PART B: LOSS DETAILS

i- Full address of the Premises at which the loss was sustained;

ii- Details of the discovery;

(a) When was it discovered?

(b) By whom was it discovered?

(c) By whom was such discovery witnessed?

iii- When did you report to Police? At what station?

(a) Date: __/__/____ format dd/mm/yyyy

(b) Address:

iv- Which rooms were rifled?

v- Which door or window was forced?

vi- Was the premises occupied at the time of the loss? YES NO

If no, on what date and at what hour were they last occupied? Time: __: __ am/pm Date: __/__/____

vii- Do you suspect any person or persons? YES NO

If yes, whom?

viii- Has any other person had an interest of any description in the property claimed for? YES NO

If yes, Name:

Nature of the interest:

Authorized and Regulated by:



Member of:



PART C: OTHER DETAILS

i- What was the value of the total contents of your premises at the time of the loss?

ii- Are the contents of the premises COVERED against fire? YES NO

If yes, Amount covered: ₦

Name of company:

iii- Have you ever had a loss by fire or a previous loss by burglary or theft? YES NO

If yes, give details below;

PART D: OTHER TAKAFUL/INSURANCE DETAILS

Are there any other insurance/Takaful operators against loss or damage by burglary and housebreaking in force in respect of the property claimed for? YES NO

If YES, please give full details below;

PART E: DECLARATION

I/We,
Of..... with Telephone Number
..... being the covered under the above mentioned Policy, declare that at or about.....o'clock on theday of, 20..... an Act of burglary, and/or Housebreaking was committed upon my/our premises at the address above stated, occasioned to the best of my/our knowledge and belief, in the following manner.....

And I/We declare that the property enumerated in the Schedule on the back thereof belong to the persons mentioned and covered under the said policy was stolen in the circumstances mentioned.

Signature:

Signed this..... day of..... 20.....

Authorized and Regulated by:



Member of:



