

# SALAM TAKAFUL INSURANCE COMPANY LIMITED

65, IBRAHIM TAIWO ROAD, KANO

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## MARINE HULL CLAIM FORM

**Instructions:** i- Use (✓) where appropriate.  
ii- Please answer questions fully and return this form

### PART A: POLICY DETAILS

POLICY NO:

Date of payment of last contribution: \_\_\_/\_\_\_/\_\_\_\_ format dd/mm/yyyy

### PART B: PARTICIPANT DETAILS

FULLNAME:

TELEPHONE(Business):  OCCUPATION:

### PART C: DETAILS OF VESSEL

i- Name of the Vessel:

ii- Type of Vessel:

iii- Port of departure:

iv- Port of destination:

### PART D: DETAILS OF LOSS/DAMAGE

i- When was the loss/damage? Time: \_\_: \_\_ am/pm format HH:MM Date: \_\_\_/\_\_\_/\_\_\_\_ format dd/mm/yyyy

ii- Place loss/damage occurred:

iii- Extent of loss/damage:

iv- Cause of loss/damage:

v- How did the loss/damage occur?

Authorized and Regulated by:



Member of:



vi- Number of people on board:

vii- Estimates of Repair (If any):

**PART E: OTHER DETAILS**

Give the details of Third party involved (if any):

**PART E: DECLARATION**

I HEREBY DECLARE that the property claimed particulars of which are given above, has been lost or damaged and that all the statements on this form are to the best of my knowledge and belief correct.

Signature: .....

Date: .....20.....

Authorized and Regulated by:



Member of:

