

# SALAM TAKAFUL INSURANCE COMPANY LIMITED

65, IBRAHIM TAIWO ROAD, KANO

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

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## MONEY TAKAFUL CLAIM FORM

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

**NOTE:** The company does not admit liability by the issue of this form.

### PART A: POLICY DETAILS

POLICY NO:

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

### PART B: PARTICIPANT DETAILS

FULLNAME:

ADDRESS:

TELEPHONE:

OCCUPATION/  
BUSINESS :

### PART C: LOSS DETAILS

i- When did it Happen? Time: \_\_: \_\_ am/pm format HH:MM Date: \_\_/\_\_/\_\_\_\_ format dd/mm/yyyy

ii- Where did it happen?

iii- Was the money in transit or in safe?  In Safe  In Transit

iv- (a) If loss was sustained whilst in transit, give names, position and salary of the employee in charge of the money;

Full Name	Position	Salary

Authorized and Regulated by:



Member of:



(b) Was there any police escort?  YES  NO

(c) How much was in the employee's charge at the commencement of the journey?

Amount in Figures: ₦

Amount in Words:

(d) What disbursement was made by him during the journey?

(e) Have you any reason to doubt the integrity of the employee(s)?  YES  NO

Give details;

v- (a) If loss was sustained while in safe, give the name of the person who discovered loss

(b) Was the safe bricked into the wall or standing free?  Bricked into Wall  Standing Free

(c) Give the names and position of employees in charge of key(s);

Full Name	Position	Salary	Commission	Other Remuneration

vi- How did it happen?

vii- (a) Have you notified the Police?  YES  NO

(b) If yes, at which station?

#### PART D: OTHER DETAILS

i- Have you ever sustained a previous loss coming within the scope of this policy?  YES  NO

ii- What is the amount of loss and what did it consist? ₦

Authorized and Regulated by:



Member of:



**PART E: DECLARATION**

I/We declare that the forgoing answers are true and complete.

Signature: .....

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

Authorized and Regulated by:



Member of:

