SALAM TAKAFUL INSURANCE COMPANY LIMITED

65, IBRAHIM TAIWO ROAD, KANO.

Website: www.salamtakafulinsurance.com

Email: info@salamtakafulinsurance.com



| PLANT ALL RISK CLAIM FORM | | | |
|--|-----------------------|--|--|
| Instruction: Use (\checkmark) where appropriate. | | | |
| NOTE: The Company does not admit liability by the issue of this form. | | | |
| PART A: POLICY DETAILS | | | |
| POLICY NO: | | | |
| PART B: PARTICIPANT DETAILS | | | |
| FULLNAME: | | | |
| | | | |
| ADDRESS: | | | |
| TELEPHONE: | | | |
| | PART C: PLANT DETAILS | | |
| | | | |
| i- Description of plant; | | | |
| (a) Makers: | | | |
| (b) Number: | | | |
| (c) Date of make:// format dd/mm/yyyy | | | |
| ii- Market Value at time of accident: | | | |
| iii- Is plant owned by you or hired in by you? Owned Hired | | | |
| If hired, please state from whom it was hired and attach details of hire contract, if available | | | |
| | | | |
| PART D: ACCIDENT/LOSS DETAILS | | | |
| i- At the time of the accident; (a) Was plant being used by you or on your behalf? By you On your behalf | | | |
| (b) Was it hired out to you? YES NO | | | |
| If no, state to whom and attach details of your conditions of hire: | | | |
| (c) Name of driver or person in charge of plant: | | | |
| ii- In respect of the accident or loss, give: (a) Time:: _ am/pm format HH:MM and Date:// format dd/mm/yyyy | | | |
| (b) Location: | | | |

Authorized and Regulated by:





| iii- Describe how loss or damage occurred: (Show by sketch overleaf if possible) | | | |
|---|---------------------------|--|--|
| | | | |
| | | | |
| iv-Give details of extent of loss or damage and repairs or replacement necessary; | | | |
| | | | |
| PART E: OTHER DETAILS | | | |
| i- Estimated cost and time for repairs or replacem | nent: Cost Time of Repair | | |
| ii- State where damaged plant can be inspected: | | | |
| iii- Has any step been taken to effect repairs? YES NO | | | |
| If yes, provide details of repairers; | | | |
| (a) Name: | | | |
| (b) Address: | | | |
| | | | |
| iv-In the case of loss by theft: (a) State who discovered the loss: | | | |
| (b) Date the police were advised:// format dd/mm/yyyy | | | |
| (c) Name of the police station: | | | |
| (d) What other steps have been taken to discover the guilty person and to recover the property: | | | |
| | | | |
| | | | |
| v- If the damage was caused by third party, provide details of; | | | |
| (a) Persons involved: Name Address | | | |
| | | | |
| | | | |
| (b) Witnesses: | | | |
| Name | Address | | |
| | | | |
| | | | |
| | | | |

Authorized and Regulated by:



Member of:



| PART F: OTHER TAKAFUL/INSURANCE DETAILS | | |
|---|--|--|
| Are there any other insurances/Takaful covering the property? YES NO | | |
| If YES, please give full details below: | | |
| | | |
| PART G: DECLARATION | | |
| I/We declare that the whole of the statements made by me/us in this claim form are in every respect true and that no person is interested in the property whether as Owner, Mortgagee, Trustee or otherwise, other than myself/ us. | | |
| Signature: | | |
| Date: | | |

Authorized and Regulated by:



Member of:

