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:

