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**Head Office:** 44, Abeokuta Street off Oba Akran Way, Anifowoshe, Ikeja, Lagos

**Abuja Address:** 26, Tennessee crescent, off Panama Street, Maitama, FCT Abuja

**Phone No.** +234(01)2121023

**Email:** hilltopins03@gmail.com

**FIRE INSURANCE CLAIM FORM**

Insurer

Policy No……………………………………….

I/We……………………………………………………………………………………………………………….

Being insured under the above-mentioned policy, do hereby declare and set forth that at about...….. O’clock, on the

……………………day of……………………………

I/we suffered a loss occasioned, to the best of my/our knowledge and belief by ………………………………

on the premises situate…………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………

I/we further declare that my/our interest in the damaged property is that of………………………………………………

And no other person or persons is/are interested in the property except the following

Name Nature of interest Address

…………………….. …………………………… ………………………..

…………………….. ……………………………. ………………………..

…………………….. …………………………….. …………………………

**STATEMENT OF OTHER INSURANCES IN FORCE ON THE**

**PROPERTY AGAINST THE SAME PERIL**

Insurance Company Policy Sum Insured

…………………….. ……………………… ……………………………

……………………… ……………………… ……………………………

…………………….. ……………………… ……………………………

**DETAILS OF CLAIM**

If an article is repairable, the cost of repairs only needs to be inserted in column 5. In all other case, the following columns must be completed as far as they are applicable.

NB: All damaged property must be protected until the claim is settled, or until permission is given to dispose of it.

**APPLICABLE TO CONTENTS INSURANCES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Property destroyed or damaged (Give details) | (1) Cost price of Article | (2) Date of Purchase | (3) Value at time of Damage after allowing for wear and tear | (4) Value of Article after damage | (5) Amount Claimed Col (3). less Col (4). |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**APPLICABLE TO BUILDING INSURANCES**

State nature and extent of damage. A Tradesman’s detailed estimate should accompany this form.

Amount Claimed…………………………..

Signature of Claimant…………………………..

Address…………………………………………

……………………………………………………. Date…………………………………………….