



GUINEA INSURANCE PLC RC1808

10th Floor, Reinsurance House
46 Marina, Lagos

FIRE CLAIM FORM

Please complete this form as fully as possible and return it immediately.

Claims No..... Item No.....of Policy No.....
Agency.....

STATEMENT AND PARTICULARS OF CLAIM

This Form is issued on receipt of notice of loss or damage but is in no way an admission of Liability.

- | | |
|--------------------------------------|--------------------|
| 1. Name (in full)..... | Email Address..... |
| Business or Occupation..... | Telephone No..... |
| Address..... | Receipt No..... |
| Date of Payment of Last Premium..... | |
| Where can you be interviewed? | |

2. Particulars of Occurrence:
- Place (Address and Part of Premises).....
- Date Committed.....20..... between the hours of a. m and p. m.
- Date Discovered.....20.....at a.m.

Describe fully how the Theft was Committed and the Circumstances under which it was discovered

3. Nature of Claimant's interest in the Property	
4. Any other interest in the Property	
5. State what other Insurance are in force upon the Property lost or damage, if none write "None"	
6. State the Total Value of contents of the Premises at date of loss	N Date last) Premium paid).....

DETAILS OF CLAIM

NOTE 1. If a Building is damaged, a Tradesman's detailed estimate should accompany this form.

NOTE 2. If an article is repairable, the cost of repair only need be inserted in Column 5.

NOTE 3. In all other cases the following columns must be completed as far as they are applicable.

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

Property destroyed or damaged (Give details)	(1)* Cost Price of Article	(2)* Date of Purchase	(3) Value at time of Fire, after deducting of wear and tear	(4) Value of Article after the Fire	(5) Amount Claimed
If exact information is not available it should be given approximately					
TOTAL AMOUNT CLAIMED					

I hereby Declare that the Property claimed for has been stolen, destroyed or damaged, and that all statements on this Form are correct to the best of my knowledge and belief.

Signature of Insured.....

Date.....