



LAW UNION & ROCK INSURANCE PLC

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THEFT OR LOSS CLAIM FORM

Insurers

Branch Policy No..... Expiry Date Claims No

1	Insured's name and address (including Postal Code) Occupation	
2	Address of premises or place where theft, loss or damage occurred	
3	(A) Date and time when loss or damage discovered (B) by whom discovered? (C) Full particulars of how the loss or damage occurred (Give details of loss or damage overleaf)	
4	When were the police notified and what Station ?	
5	If there is no evidence of theft or of a forcible entry of the premises, has a thorough search been made for the articles missing ?	
6	In the case of theft from premises (A) State whether private house, sale-shop, flat Hotel etc. (B) Were the premises occupied at the time of the theft? (C) If not, on what date and at what hour were they last occupied ? (D) For how long have the premises been unoccupied since the policy was effected or last renewed ? (E) Are you Owner of the premises or responsible for repairs ?	
7	Have you ever before substained a loss of this nature (if so, please give particulars)	
8	A Is the property for which you are claiming insured Elsewhere, e.g under an All Risks, Bsaggage, Motor, Golfers policy etc B If so, please give particulars C Has any other person any interest in the property As owner, Mortgage, Trustee or otherwise	

The information given in this claim form is true and correct to the best of my knowledge and belief.

DATE :200....

Insured's Signature

PLEASE COMPLETE STATEMENT OF CLAIM OVERLEAF

The Policy being a contract of INDEMNITY all claims must be based upon the actual value of the articles at the time of the theft or loss, subject to the Sums Insured under the Policy, due allowance being made for depreciation and wear and tear.

Full description of missing article or property damage	To whom the article or property belonged	From whom purchased or received (Name and address)	Date purchased or received	Cost	Deduction for depreciation and wear and tear
		TOTAL		=N=	
		Deduction for Depreciation and Wear and Tear			
		Net Amount claimed		=N=	