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	CLAIM No
	ALL RISKS CLAIM FORM
NSURED	Name in Full
	Address & Telephone
	Policy No.
Describe the f	full circumstances of the loss, damage or theft stating DATE & TIME
Do vou suspe	ect any person in connection therewith?
Do you susper	et any person in connection therewith:
Date Police w	vas advised and address of Station
What other ste	eps have been taken to recover the property?

PARTICULARS CLAIM

No. of Articles	FULL DESCRIPTION	Name and Address of Seller or Presenter	Date of purchase or Presentation	Cost paid	Amount claimed allowing for Depreciation
				N	

Special Notice: - By the conditions the policy is rendered void if any claim be fraudulent or Intentionally exaggerated. Or If any false statement or declaration be made in support of it. It is therefore important that this form should be completed with great care.

I hereby declare that the within mentioned property belonging to me and insured under the said Policy was lost, damaged or stolen in the circumstances stated above and that in consequence thereof a claim is hereby made for the sums severally state within; and I further declared that no other person except
has any interest in the said property.
Witness my hand this day of20
Witness Signature
N.B. This Statement of claim should be completed and forwarded to the Company.

The Insured **MUST** at once take every practical step that may lead to the recovery of the property.

The Police must be advised immediately; and in the event of theft, any suspicious as to the parties implicated must also be communicated to the Company without delay. If the loss occurred in a Shop, Hotel, Restaurant, Public conveyance, or the like, particulars must be reported to the responsible management as soon as practicable.

INSTRUCTION REGARDING CLAIMS

IF ANY OF THE INSURED PROPERTY, THE SUBJECT OF THIS CLAIM IS RECOVERED EITHER BEFORE OR AFTER INDEMNITY HAS BEEN PROVIDED UNDER WITHIN NAMED POLICY THE COMPANY MUST BE NOTIFIED IMMEDIATELY