



NOOR TAKAFUL PLC
3rd FLOOR, AKINTOLA WILLIAMS HOUSE
235, IKORODU ROAD, LAGOS
Website: www.noortakaful.ng
Tel: 08099444448

CLAIM FORM FOR HOUSEOWNERS/HOUSEHOLDERS TAKAFUL
CLAIM UNDER POLICY NO.

Name of Participant.....

Agency.....

(Please state whether Mr. Mrs. or Miss)

Tel Nos Home..... Business.....

AN ANSWER IS REQUESTED TO EACH OF THE FOLLOWING QUESTIONS

- (a) What was the nature of the occurrence (e.g. "Fire") and when did it take place? At.....p.m) on.....a.m)
(b) At what address did it take place?
(c) For what purpose were the Premises being use at date of the occurrence?
(d) Describe briefly what happened and the resultant damage, and state what you believe caused it to happen.
(e) Were the Premises and their occupation at the time of the occurrence exactly as described in the Policy? Had any element of risk been introduced which was not allowed by the Policy?
(f) Is the claimant the Sole Owner of the Property damaged or destroyed? If not, state full particulars of any other interest.
(g) Were there at the time of the occurrence any other existing Insurance or Takaful on the said Property? with any other Company or Takaful, whether effected by the Claimant or by any other Person? If so, state full particulars. If not, please write "No"
(h) Give dates of any previous claim of a similar nature you have made in connection with these or any other premises, and state the amount of the loss. If none, Please write "None"

THE DETAILS REQUESTED OVER LEAF MUST BE GIVEN

.....Now residing at.....
.....do hereby declare that the is a full true and accurate statement and I further declare that the articles mentioned on the other side, being my property, and Participant under the above-named Policy or Policies, were destroyed or damaged by the stated occurrence according to the extent and values detailed overleaf, wherefore I claim from (NOOR TAKAFUL PLC) the sum of.....

As witness my hand this.....day of.....20.....

Signature of Claimant.....

Regulated by NAICOM

