



**NOOR TAKAFUL PLC**  
 3<sup>RD</sup> FLOOR AKINTOLA WILLIAMS HOUSE  
 235, IKORODU ROAD, LAGOS  
 Website: [www.noortakaful.ng](http://www.noortakaful.ng)  
 Tel: 08099444448

CLAIM No.....

**PUBLIC LIABILITY TAKAFUL CLAIM FORM**

1. (a) Name of Participant ..... Telephone No.
- (b) Address.....
- (c) Business Occupation.....
- (d) Where can you be interviewed?..... Date \_\_\_\_\_ Time
2. Date of accident.....
3. Place of accident..... Name Occupation Address
4. Witnesses

5. Cause of accident.....
6. Types of Damage or Injury.....
7. Details of Injured Persons

	Name	Age	Address
--	------	-----	---------

8. Is any of the injured persons in your service?.....
9. Has any claim (Verbal or in writing) been made against you? If so, give details and attach such notice with form.
10. Have any steps been taken to compromise or settle the matter in any way? If so, what and by whom?
11. Is the accident due to the negligence of Third Party? Give his name and address

IT IS NECESSARY FRO YOU TO GIVE A DETAILED DESCRIPTION OF THE ACCIDENT IN THE SPACE PROVIDED OVERLEAF. PLEASE A PHOTOGRAPH OF THE SCENE OF THE ACCIDENT IMMEDIATELY AFTER THE ACCIDENT IF ONE IS AVAILABLE

*Regulated by NAICOM*

FULL DESCRIPTION: Use extra sheet if necessary

I/We hereby declare the above particulars are true in every respect.

Signed this.....day of .....20.....

Claimant's  
Signature.....

Witness.....Date.....