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CONTRACTOR'S ALL RISKS INSURANCE CLAIM FORM

INSURED'S DETAILS

Name of Project/Contract: _____

Name of insured: _____

Address: _____

Phone no: _____ Email: _____ Policy No: _____

DESCRIPTION OF LOSS/DAMAGE

Type of Claim: _____ Location of Claim: _____

Date of Occurrence: _____ Time: _____

Description of loss/Damage: _____

Type of Building: _____

Description of Loss/Damage: _____

Estimate of Loss/Repairs ₦ _____

Description of the property for which this claim is made (1)	Date of Construction (2)	Cost (3)	Deduction for age, use and wear and tear (4)	Amount claimed (5)

TOTAL				
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DATA PROTECTION NOTICE AND CONSENT

Lasaco Assurance Plc is data protection regulation compliant. All information submitted by you will be processed and managed in line with the Nigeria data protection regulation.

Sign

Third Party Details (if Any) _____

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY

(a) Is there any Third party property damage? _____

(b) Estimate of Third party damage. _____

(c) Were there at the time of the occurrence any other insurance in force on the property, whether effected by you or by any other person? If so, give full particulars. If not, Please write "NO"

(d) What was the total value of the property insured by the policy at the time of loss?

~~Rs~~ _____

(e) How far has the erection progressed as at time of occurrence? _____

(f) Is overtime or night work or express freight involved in order to repair the damaged items? _____

(g) Have you previously claimed against any insurer in respect of risks covered by this policy? If so, please state the name of the insurers and policy numbers if known _____

I/We declare that the above is a full and accurate statement and that the sum claimed, viz further declare that no other person except _____ has any interest in the said property

Date _____

Insured's Signature _____

**PLEASE MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED
(The company does not admit liability by the issue of this form)**