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Lasaco
Assurance Plc
Reg No. 31126

MACHINERY BREAKDOWN 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_____

(Yr, Model no, make if applicable)_____

Description of Loss/Damage_____

_____

_____

_____

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

Estimate of Loss/Repairs ₦_____

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

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?
₦_____

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

(f) Is overtime or night work or express freight involved in other 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 nameof 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 _____ Signature of the Insured _____

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