

ALL RISK CLAIM FORM

I/We			
Of	F	hone No.	
Being insured under Policy No.			do hereby declare that at
About o'clock on the day of	2	0	a loss occurred occasioned
to the best of my knowledge and belief, in manner, following:			
And I/We further declare that the property described overle	af belonging to m	e/us and insu	red under the said Policy,
was lost and that the amounts severally stated represent the	sum I/we am/are	entitled to clain	m in terms of the Policy.
I/We further declare that no other person has an interest in t	he said property w	hether as owr	ner, Mortgagee, Trustee, or
otherwise, and that it is not otherwise insured, except as und			
I/We also declare that the whole of the statements made by	me/us in this Form	of Claim as ir	n every respect true.
Witness my/our hand this	day o	f	20
Witness	imant's Signature		
Occupation	Occupation		
Statement of the Insurances in force upon the Property abov	e described		
N In the	Insurance Co.	, by Policy No	
₩ In the	Insurance Co.	, by Policy No	
Discovery of Loss: the Insured must promptly take all practic	al steps for tracing	and recovering	ng the property lost.
Notification of Police: The Police Authorities must be notified	of loss without del	ay.	

Accuracy of Statements: It is a condition of the Policy that it shall be 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 care should be exercised in filing up the annexed statement.

QUESTIONS TO BE ANSWERED BY CLAIMANT

•	•	On what date and at what hour was the loss discovered and by whom:									
2	2.	Give date the Police were advised and name of Police Station?									
3	. .	What other steps have been taken to discover the guilty person, and to recover the property lost?									
4		(a)Ha	a)Have you ever sustained loss or damage by fire,								
		Theft or other cause within the scope of the Policy?									
		(b) Have you ever claimed upon Insurers in respect of losses or damage									
		within the scope of the "All Risks" Policy?									
				STATE	MENT OF CLA	AIM					
1	N. B.	(1)	(1) The amount to be claimed on any article is limited to the actual intrinsic value at the time of the loss.								
		The amount of damage should be stated, with full details at the foot.									
		(2) Receipts obtained at the time of purchase of the under mentioned articles should be									
		attached wherever possible for inspection and subsequent return									
		(3) The Statement of Claim, fully completed, should be delivered to the Company as soon as possi						possible.			
	NO. C ARTIC		DESCRIPTION	BELONGING TO	WHEN AND WHERE BOUGHT	PRICE PAID	DEDUCTION FOR AGE, USE AND/OR WEAR AND TEAR	AMOUNT CLAIMED			
1					l						

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