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CLAIM NO. _____

POLICY NO. _____

COMBINED FIRE & THEFT CLAIM FORM

I/We.....residing
at.....
being the insured under your policy No.....
do hereby declare that at or abouto'clock on the
.....day of.....20.....

(1)Insert description of premises and situation

a fire occurred at the to(1),,.....
.....
in the Town or District of.....

(2)Insert brief particulars showing how the fire is supposed to have been caused.

that property insured by the above policy was destroyed or damaged to the extent of the amounts stated below and that the said fire was occasioned to the best of my/our knowledge and belief by(2).....
.....
.....

(3). State whether Owner, Agent, Trustee, Mortgagor e.t.c

I/We also declare that I am/We are (3) of the said property,and that no other person has any interest in the same except as stated.

(4). State name and nature of any other interest, e.g- Mortgage, Lessee, Purchaser on Deposit e.t.c

(4).....

I/We further declare that the said property is not insured, either by me/us **or** by any other person, except as undernoted:

STATEMENT OF INSURANCES		
Company	Policy No.	Amount

Signature of Claimant.....

Dated.....20.....

