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POLICY NO: _____

CLAIM NO: _____

MOTOR THEFT/FIRE CLAIMS FORM.

1.	(a) Name of Insured: _____							
	(b) Address _____							
	(c) Occupation _____						Telephone No _____	
	(d) Inception Date _____		Last Renewal Date _____			Branch _____		
2.	(a) VEHICLE INSURED PARTICULARS							
	Make	Reg No.	C.C.	Year of make	Engine Number	Chassis Number	Mileage covered	Purpose being used.
	(b) If commercial type of use:							
	Own Goods	Goods Only	General Cartage	Taxi/Bus	If Taxi/Bus How many passengers at the time of loss			
3.	PERSON IN CHARGE OF VEHICLE AT THE TIME OF THEFT/FIRE INCIDENT							
	(a) Name _____ Age _____							
	(b) Address _____							
	(c) Was the vehicle used with your permission? _____							
	(d) For what purpose was it used at the time of loss? _____							
	(e) Is there any other Insurance cover on the vehicle? _____							
	(f) If so, give Policy Nos. & Names of Insurers? _____							
	(g) Relation of Driver to insured: _____ If Paid Driver, for how long employed _____							
	(h) Does Driver own Vehicle _____							
	(i) If so, Name and Address of Insurershis insurer & Policy no _____							

4. PARTICULARS OF ACCIDENT

- (a) Who discovered the loss? _____
- (b) Date of incident _____ Time _____
- (c) Exact Location of Accident _____
- (d) Cause of Fire _____
- (e) Did the Fire Brigade attend? _____
- (f) If so, which station? _____
- (g) Did the Police? _____
- (h) If so, which station? _____

5. FULL STATEMENT OF THE THEFT/FIRE INCIDENT

- 6. (a) Who do you suspect for the loss? _____
- (b) When did you last service vehicle? _____
- (c) By Whom, at where? _____

7. (a) WITNESS (b) OCCUPANTS OF YOUR VEHICLE

Name	Address	Name	Address

8. DAMAGE TO INSURED'S VEHICLE:

- (i) Full details of Damaged Parts: _____

- (ii) Present Location of Vehicle: _____
- (iii) Rough Estimate of Repairs: _____
- (iv) Repairer's Name and Address: _____
- (v) Please attach (photograph) Inventory of damaged vehicle including accessories.

9. THIRD PARTIES INVOLVED IN THE ACCIDENT:

(a) Name: _____

(b) Address _____

(c) Type of Property/ Injury _____

(d) If Vehicle Make: _____(ii) Reg No. _____(iii) year of Make _____

(iv) Is Owner Insured:- _____ (v) If Yes: Policy No:- _____

(vi) Name and Address of Insurers:- _____

(e) If notice of third party claim has been given verbally or in writing, give full particulars:-

(f) IF ANY WRITTEN COMMUNICATION IS RECEIVED, PLEASE FORWARD IT IMMEDIATELY UNANSWERED.

10. DECLARATION:-

I/We declare the foregoing particulars to be true and I/We hereby authorize the STACO Insurance Plc and/or their Legal representatives to deal with all matters arising from this loss in their direction and if they deem it expedient to admit liability and/or negligence on the part of my/ourselves and/or of my/our servants or agents.

Signature of Person in charge of Vehicle at time of loss: _____ Date _____

Signature of Insured: _____ Date _____

(If Limited Company, give status of Signatory)

PLEASE MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED.

(The Company does not admit liability by the issue of this form)