



Block 138, Plot 5, Gabriel Olusanya Street, Lekki- Ajah Express Way, Lekki, Lagos.

BOND INSURANCE CLAIM FORM

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUANCE OF THIS FORM

- 1.Name of Insured:.....
- 2.Policy No:.....
- 3.Address:.....
- 4.E-Mail Address:
- 5. Telephone No.....
- 6. Give detail of the Contractor/Vendor.....
.....
- 7. Give full detail of the contract.....
.....
.....
- 8. Give full description /specification of loss/damage
.....
.....
- 9. How much was the amount of advance given to the Contractor
- 10. When did you become aware of the circumstances which gave rise to a loss incurred by you?
.....
- 11. State the level of supervision on the Contractor.....
.....
.....
- 12. Was any displeasure letter ever written to the Contractor with regards to his work? If yes, kindly attach copy(s)
.....
- 13. What is the estimated value of the work already executed by the Contractor.....
.....

Declaration

I ----- do hereby declare that the information given above is true and correct to the best of my knowledge.

Signature: ----- Date: -----

Witness Name: ----- Address: -----

Signature: ----- Date: -----

