



# ZENITH GENERAL INSURANCE COMPANY LIMITED

(A Subsidiary of ZENITH INTERNATIONAL BANK LTD.)

Plot 101, Ajose Adeogun Street, P. O. Box 75315, Victoria Island, Lagos.

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## PUBLIC LIABILITY INSURANCE CLAIM FORM

CLAIM NO:

POLICY NO:

The completion of this form is not to be taken as an admission of liability by the insurer.

Name of Insured: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Describe Nature of \_\_\_\_\_  
Liability for Loss/Damage: \_\_\_\_\_  
\_\_\_\_\_

Date of Loss/Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Where did the  
Loss/Accident Happen: \_\_\_\_\_

State Name of the victim or  
Owner of the damaged item: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

How Did the accident  
Happen: \_\_\_\_\_

Who is to be blamed  
for the Accident: \_\_\_\_\_

What is the amount of  
Damage: \_\_\_\_\_

What is the Amount of the Loss (Please attach breakdown of Estimate)  
\_\_\_\_\_  
\_\_\_\_\_

I/We state that the Statements made above are true and correct: \_\_\_\_\_

\_\_\_\_\_  
INSURED'S SIGNATURE

\_\_\_\_\_  
DATE