Custodian House, 16A, Commercial Avenue, Sabo, Yaba,

P.O Box 2101, Lagos, Nigeria Tel: 2774008-9, 0700CUSTODIAN

Email: carecentre@custodianinsurance.com

Website: www.custodianplc.com.ng



Note: The form should be filled in block letters. Any correction or alteration made should be initialled by the Policy holder

Service Form:	
Claim Request	
Name of Policyholder Title (Mr., Mrs., Ms., Dr etc) Surname  Middle Name  Phone Number  Policy No.:	First Name  Maiden Name (if applicable)  E-Mail  Policy Type.
Tick Service / Claim Requested:	
Termination of Policy:	Permanent Disability Claim:
Surrender of Policy:	Medical Expenses Claim:
Loan on Policy:	Critical Illness Claim:
Partial Maturity:	Personal Accident Claim:
Full / Policy Maturity:	
Additional Details (As applicable):	
Declaration by Policyholder:  I, the undersigned declare that I am the legal owner of the policy and the information on this form is correct.	
Signature of Policy Holder Signature must be regular / same at Inception of policy	

Kindly scan and email the completed form to us via the e-mails below for processing: Carecentre@custodianinsurance.com or Retailenterprise@custodianinsurance.com