



CATASTROPHE CLAIM FORM

Branch/Agent/Broker:	Policy Number :	Claim Number:
1.	Name of Insured:	Email Address:
	Home Address:	Telephone Number:
	Business Address:	Telephone Number:
	Cellular Phone Number	Fax Number:
	Address of Property Damage:	Description of Property Damaged
2.	Date of Occurrence: (MM/DD/YY)	Particulars of Occurrence
3.	Were the premises occupied at the time of the Loss? (Please tick the appropriate box) Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If not, please give the period of unoccupancy.
4.	State precisely the purpose for which the premises were being used at the time of the loss.	
5.	Who are the owners of the damaged property? Please state full names and addresses:	
6.	Are there any other insurances on the said property; whether effected by the claimant or any other person? (Please tick the appropriate box) Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, please state the name of company, policy number and insured amount: \$ _____
7.	Have you experienced any previous claims of a similar nature? (Please tick the appropriate box) Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, please provide details
8.	Kindly state the approximate value of the loss \$ _____	

I/we DECLARE that these particulars including those on the reverse side are TRUE and COMPLETE and I/we am/are aware that I/we must submit my/our detailed estimate/claim within 30 days of the event

Authorized Signature: _____ **DATED:** _____

The Information on the reverse of the form must be completed and is a part of the declaration made by you above.

For Official Use Only			
Sum Insured	Reinstatement <input type="checkbox"/>	Indemnity <input type="checkbox"/>	
Building : \$	Premium Paid Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Contents : \$	Deductible %	Amount	Min
Adjuster:	Date Appointed		

INSTRUCTIONS TO BE OBSERVED IN COMPLETING THIS FORM

If the claim is in respect of **BUILDINGS**, the claim must be accompanied by a Builders' Estimates, obtained at the Insured's own expense, of the Cost of repairing the Building in accordance with the Policy terms. Such cost should not include improvements

If the claim is in respect of **CONTENTS**, a full list of Articles destroyed or damaged must be given below and each column must be completed:-

Number of Items	Full description of article(s)	To whom does the article(s) belonged	From whom purchased or received (Name and Address)	Date purchased or received	Price Paid		Deduction for wear and tear and salvage		Amount Claimed	
					\$	¢	\$	¢	\$	¢
TOTAL:										
Deduction for depreciation and Wear and Tear:										
Net Amount claimed:										

