



The Insurance Company of the West Indies Limited

Head Office: 2 St. Lucia Avenue, Kingston 5, Tel: 926-9040-7, 926-9182, Fax: 929-6641

CLAIM FOR LOSS OR DAMAGE

Policy No: _____ Client No: _____ Branch: _____ Source: _____

Period of Cover: _____

1. Name of Insured _____

2. Address _____ Telephone No. _____

3. Business/Profession _____ Telephone No. _____

4. Address _____

5. Is the claim for loss or damage? _____ 6. Date of loss or damage _____

7. Place of loss or damage _____

8. (a) If loss occurred on premises insured, were they occupied at the time of loss? _____

(b) If not, please give period of unoccupancy _____

(c) State precisely the purpose(s) for which the premises were being used at the time of the loss or damage

9. At what place, time and date was the property last seen by you? _____

10. Are you the sole owner of the property? _____

11. Are there any other insurances on the property in respect of which this claim is made? _____

12. State circumstances under which loss or damage took place, and please give details in the schedule on the reverse of this form, of the articles lost or damaged.

13. In whose custody was the property at the time of the loss or damage? _____

14. (a) If the property was in the custody of a carrier at the time of the loss or damage, has a formal claim been made against the carrier? _____

(b) Date of claim _____

(c) Was a cheque or receipt received from the carrier? _____

15. (a) Have the police been notified? _____ If so, at what station? _____

(b) Date of notification _____

16. What other steps have been taken to recover the property? _____

17. Have you any reason to suspect anyone? _____ If so, whom? _____

18. Was any third party associated with the cause giving rise to the loss? _____

DECLARATION

I hereby declare that the property claimed for has been lost, stolen, destroyed or damaged, and that all statements on this form are to the best of my knowledge and belief correct.

Signature of Claimant: _____

Date: _____

