



The Insurance Company of the West Indies Limited

Unit 6, Independence Business Park, East Street South, P. O. Box SS-19023, Nassau, Bahamas

Tel: (242) 323-4004, Fax: (242) 322-6715

CLAIM FOR LOSS OR DAMAGE

I hereby declare that all particulars to be given are true and correct and that no false or fraudulent statement will be made _____ Insured's Signature

NOTE: "N/A" means "Not Applicable"

Policy No: _____ Client No _____ Source: _____

Period of Cover : _____

1. Name of Insured _____

2. Address _____ Telephone No. _____

3. Business/Profession _____ Telephone No. _____

4. Address _____

5. Email Address _____

6. Is the claim for loss or damage? _____ 7. Date of loss or damage _____

8. Place of loss or damage _____

9. (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

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

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

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

13. 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.

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

15. (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? _____

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

(b) Date of notification _____

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

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

19. 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: _____

SCHEDULE OF ARTICLES LOST OR DAMAGED

ARTICLE(S) LOST OR DAMAGED	WHERE AND WHEN BOUGHT	PRICE PAID	AMOUNT CLAIMED

ADDITIONAL REMARKS