



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

PROPERTY CATASTROPHE CLAIM FORM

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

Policy No.: _____ Period of Cover: _____

- 1. Name of Insured: _____
- 2. Address: _____ Phone Number: _____
- 3. Employer's Name: _____
- 4. Employer's Address: _____ Phone Number: _____
- 5. Email Address: _____
- 6. Date of loss or damage: _____
- 7. Place of loss or damage: _____
- 8. Are you the sole owner of the property? YES NO
- 9. Are there any other insurances on the property in respect of which this claim is made? YES NO

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 Insured: _____

Date: _____

Official Use Only: _____

