



**THE INSURANCE COMPANY OF THE WEST INDIES (CAYMAN) LIMITED**

Omar Hodge Building, 2nd Floor, Road Town, Tortola, British Virgin Islands. Tel: 494-4240

Email: bvi@icwi.com

**PROPERTY CATASTROPHE CLAIM FORM**

I hereby declare that all particulars to be given are true and correct and that no false or fraudulent statement will be made \_\_\_\_\_

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

Insured's Signature

Policy No: \_\_\_\_\_ Client No \_\_\_\_\_ Source: \_\_\_\_\_

Period of Cover : \_\_\_\_\_

1. Name of Insured \_\_\_\_\_

2. Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

3. Employer's Name & Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

4. Email Address \_\_\_\_\_

5. Date of loss or damage \_\_\_\_\_

6. Place of loss or damage \_\_\_\_\_

7. Are you the sole owner of the property? \_\_\_\_\_

8. Are there any other insurances on the property in respect of which this claim is made? \_\_\_\_\_

**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: \_\_\_\_\_