



THE INSURANCE COMPANY OF THE WEST INDIES LIMITED

13 Castle Street, Roseau, Dominica. Phone: 767-440-ICWI (4294). Email: dominica@icwi.com

PROPERTY CATASTROPHE CLAIM FORM

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

Policy No.: _____ Period of Cover: _____

1. Name of Insured: _____

2. Address: _____

3. Phone Number: _____ Is WhatsApp used? YES NO

4. Insured's Email Address: _____

5a. Will you be departing from Dominica? YES NO

5b. If yes, please provide your contact info: _____

6. Employer's Name: _____ Phone Number: _____

7. Employer's Address: _____

8. Date of loss or damage: _____

9. Place of loss or damage: _____

10a. Nature of damage: _____

10b. Condition of premises: uninhabitable partly habitable fully habitable

11. Are you the sole owner of the property? YES NO

12. Are there any other insurances on the property in respect of which this claim is made? YES NO

13. Statement: _____

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: _____