



**THE INSURANCE COMPANY OF THE WEST INDIES LIMITED**

2 St. Lucia Avenue, Kingston 5. Tel: (876) 926-9040-7. Email: direct@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 Jamaica?  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: \_\_\_\_\_