

Welfare Road #40B, Cole Bay, St. Maarten, Tel: (721) 544-5074, Fax: (721) 544-5075

CLAIM FOR LOSS OR DAMAGE

		Chent No:	Branch:	Source:
eriod of C	cover:			
1. Name	e of Insured			
2. Addre	ess —			Telephone No.
3. Busin	ess/Profession _			Telephone No.
4. Addre	ess ———			
5. Email	Address			
6. Is the	claim for loss or	damage?	7. Date of	loss or damage
3. Place of	of loss or damage			
). (a) If	f loss occurred on	premises insured, wer	re they occupied at the time of loss	s?
(b) If	f not, please give J	period of unoccupancy	y	
(c) S	tate precisely the	purpose(s) for which t	the premises were being used at th	e time of the loss or damage
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10. At wh	nat place, time and	date was the property	y last seen by you?	
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1. Are yo	ou the sole owner	of the property?		
12. Are th	nere any other insu	rances on the property	y in respect of which this claim is	made?
12. Are th	circumstances und	nrances on the property der which loss or dama t or damaged.	y in respect of which this claim is age took place, and please give det	made? ails in the schedule on the reverse of this
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