



**THE INSURANCE COMPANY OF THE WEST INDIES (SINT MAARTEN) B.V.**

Welfare Road #40B, Cole Bay, St. Maarten. Tel.: (721) 544-5074. Email: stmaarten@icwi.com

**PROPERTY CATASTROPHE CLAIM FORM**

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

Policy No.: \_\_\_\_\_ Period of Cover: \_\_\_\_\_

1. Name of Insured: \_\_\_\_\_
2. Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. Email Address: \_\_\_\_\_
4. Employer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
5. Employer's 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_