

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:		
Name of Insured:			
2. Address:	Pho	one Number:	
3. Employer's Name:			
4. Employer's Address:	Pho	one Number:	
5. Email 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 inst	urances on the property in respect of which this claim is made?	○ YES	\bigcirc NO
hereby declare that the pr	<u>DECLARATION</u> roperty claimed for has been lost, stolen, destroyed or damaged, and belief correct	nd that all statements o	on this forr
hereby declare that the pr are to the best of my knowl Signature of Insured:	roperty claimed for has been lost, stolen, destroyed or damaged, ar	nd that all statements o	on this forr
are to the best of my knowl	roperty claimed for has been lost, stolen, destroyed or damaged, ar	nd that all statements o	on this forr