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

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



## PROPERTY CATASTROPHE CLAIM FORM

TE: "N/A" means "Not Applicable	be given are true and correct and that no false or fra	address statement will be made	Insured's Signature
Policy No:	Client No	Source:	
2. Address		Telep	hone No
3. Employer's Name & A	ddress	Telep	hone No
4. Email Address —			
5. Date of loss or damage	-		
6. Place of loss or damage	2		
7. Are you the sole owner	of the property?		
8. Are there any other insu	rances on the property in respect of which	h this claim is made?	
	<u>DECLARATIO</u>	<u>ON</u>	
I hereby declare that the prare to the best of my knowl	operty claimed for has been lost, stolen, cledge and belief correct.	lestroyed or damaged, and that all st	tatements on this form
Signature of Claimant:			
Date:			