

**BRITISH CARIBBEAN INSURANCE COMPANY LIMITED**

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Telephone: (876) 952-7219 or (876) 952-3877; Telefax: (876) 952-7101

**CATASTROPHE CLAIM FORM**

CLAIM NO.....

NAME OF INSURED \_\_\_\_\_

INSURED'S POSTAL ADDRESS \_\_\_\_\_ TRN \_\_\_\_\_

TELEPHONE NOS. (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

NAME, ADDRESS & TELEPHONE NO. OF CONTACT PERSON (IF DIFFERENT FROM INSURED) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF LOSS: \_\_\_\_\_ TIME OF LOSS: \_\_\_\_\_ A.M./P.M

ADDRESS OF LOSS: \_\_\_\_\_

GIVE SPECIFIC DIRECTIONS TO LOSS LOCATION \_\_\_\_\_

\_\_\_\_\_

NATURE OF OCCURRENCE \_\_\_\_\_

DESCRIPTION OF LOSS/DAMAGE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR WHAT PURPOSE WERE THE PREMISES OCCUPIED AT THE DATE OF THE LOSS? \_\_\_\_\_

\_\_\_\_\_

If there is more than one building, please describe damage to each building.

Damage to contents must be detailed on a separate sheet.

Estimated cost of repairs (if known): \_\_\_\_\_

**PLEASE SUBMIT WRITTEN ESTIMATE AS SOON AS POSSIBLE**

\_\_\_\_\_

Is the Insured the sole owner of the property \_\_\_\_\_

If not, please state full particulars of any other interested party e.g.

Mortgagee \_\_\_\_\_

Give full particulars of any other existing Insurance Company \_\_\_\_\_

Insurance on the Property whether effected Name of Insured \_\_\_\_\_

by the Insured or by any other person Sum Insured : \_\_\_\_\_

**If no such other Insurance write 'NONE'** \_\_\_\_\_

\_\_\_\_\_

I/We do hereby declare that the above is a full true and accurate statement and that I/We have withheld no information material to the claim, and

I/We further declare that the articles mentioned on the attached sheets being my/our property and insured under the above named Policy or

Policies were destroyed or damaged by the aforesaid peril

DATE.....

**SIGNATURE OF INSURED**