

BRITISH CARIBBEAN INSURANCE COMPANY LIMITED

HURRICANE SANDY PROPERTY CLAIM FORM

Name: of Insured

Claim No.:

Home/Postal Address:

Name of contact person in the event of Insured being unavailable
Contact Details of person

Telephone No. Work:

Home:

Cellular

Facsimile

E-Mail

Address of Loss if
different from above:

Brief Directions to property

Policy No.:

Agent/Broker:

Details of damage:

Estimate attached:

Yes/No

Mortgagee:

Any other instructions:

NB. Estimate to be obtained urgently

I declare the above information to be true and correct.

Signed:.....

Date:.....

For Official Use Only

Fast-Track payment	Yes/No
Internal Inspector	Yes/No
Internal Inspector	Yes/No
Adjuster	Yes/No
Decline/Special Action	Yes/No
Local Co-Insurance	Yes/No
Local Facultative Reinsurance	Yes/No