



An affiliate of VICTORIA MUTUAL

BRITISH CARIBBEAN INSURANCE COMPANY LIMITED

Head Office: 36 Duke Street, P.O. Box 170, Kingston, Jamaica, W.I.

Tel: (876) 922-1260, (876) 618-2242; Fax: (876) 922-4475

PROPERTY 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/Damage: _____

Please state nature of occurrence (e.g. Fire, Flood, etc.) _____

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 on a **separate sheet**

Damage to/loss of 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 lost/destroyed? [] Yes [] No

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 sheet(s)** being my/our property and insured under the above named Policy or Policies were destroyed or damaged by the aforesaid peril.

DATE.....

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SIGNATURE OF INSURED

