



THE INSURANCE COMPANY OF THE WEST INDIES LIMITED

2 St. Lucia Avenue, Kingston 5, Tel: 926-9040-7, 926-9182-91, Fax: 929-6641

FIRE & SPECIAL PERILS CLAIM FORM

I hereby declare that all particulars to be given are true and correct and that no false or fraudulent statement will be made _____ Insured's Signature

NOTE: "N/A" means "Not Applicable"

THE INSURED/CLAIMANT

Name of Insured: _____
 Address: _____ Phone: _____
 Name of Claimant: _____
 Address: _____ Phone: _____
 Business/Profession: _____ Email Address: _____
 Business Address: _____ Phone: _____

THE POLICY

Type of Policy: _____ Period of Cover: _____
 Type of Cover: _____ Insured Value: _____
 Policy No: _____ Client No: _____ Branch: _____ Source: _____
 Mortgagee: _____
 Address: _____

PARTICULARS OF LOSS

When did the loss take place? _____
 Situation of the Premises: _____
 For what purpose was the Premises occupied at date of the loss? _____
 What was the cause, and under what circumstances did the loss occur? _____

 Does the policy give a correct description of the Property in all respects as it existed immediately before the loss?

 Was any element of risk introduced which was not allowed by the Policy?

 Is the Claimant the Sole Owner of the Property damaged or destroyed? _____ If not, please give full particulars of any other Interest.

 At the time of the loss was there any existing Insurance on the Property, or any portion of it with any other Company, Society or Underwriters, whether effected by the Claimant or by any other person? _____ If so, please give full particulars. If not, please write "No".

 Have you had any previous claims on this or any other premises in which you had an interest? _____ If yes, please give full particulars.

I _____ now residing at _____
 _____ do hereby declare that the above is a full, true and accurate statement, and I further declare that the articles mentioned in the following detail, being my property, and insured under the abovenamed Policy or Policies were destroyed by the peril stated above, according to the extent and values annexed; I therefore claim from **The Insurance Company of the West Indies Limited** the sum of _____ which represents the value of the items lost or damaged.

As witness my hand, this _____ day of _____ 20 _____

Signature of Claimant _____

This form must be completed and delivered to the Company within thirty (30) days from the date of the loss.

