



Caribbean Insurers Ltd.

Property Claim Form

Important Information:

- Please fill in all sections of this form. A fully completed form will help us deal with your claim more efficiently. If a question does not apply to your claim, please answer "N/A".
- If you need any more space to answer questions, please use a separate sheet and attach it to this form.
- Please submit original documents in support of your claim.
- If you knowingly give any untrue or false information the insurer has the right to refuse your claim.
- Caribbean Insurers Ltd does not admit any liability by issuing this form.

Please use BLOCK CAPITALS

Details of Policyholder:

Title (Dr., Mr., Mrs., Miss etc.):	First Name:	Middle Initial:
Surname:		
Policy Number:		
Mailing Address:		
Email Address:		
Daytime Telephone Number:	Cell Number:	
When during the day is the best time to contact you?		

Details of Claim:

When did the loss/damage occur?	
Date:	Approximate Time:
Address or location where the loss or damage occurred:	
Was the property furnished and occupied at the time of loss or damage? Yes () No ()	
If no, when was it last: Furnished:	Occupied:
Who was in charge of the property at the time of the loss/damage? If not the insured/owner please provide name and contact number.	
If the property was unattended what steps were taken to safeguard it:	
Name of Mortgage Interest or any other interested party (if applicable):	
Are you the sole owner of the lost/damaged property? Yes () No ()	
If no, please give details of the other interested party:	
Are there any other insurances covering the loss? Yes () No ()	
If yes, please give details:	
Have you any reason to suspect that the loss arose through the actions of any particular person? Yes () No ()	
If yes, please give details:	
Were the police advised of the loss/damage? Yes () No ()	
If yes, please state: Date/ Time reported:	Reference or Name of Officer:
Address of Police Station:	



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Describe the circumstances and cause of the loss or damage and if normal business operations were affected:

Was there any damage to buildings? If yes, please give details and steps needed to rectify the damage.



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Were there any witnesses to the loss or damage?

If yes, please provide their details:

Have you experienced any previous losses or claims in the past three years? Yes () No ()

If yes, please give details:

Contents (continue on a separate sheet if necessary):

Please give details of each article lost or damaged below:

Description of article	When and where purchased	Current Replacement Value	Deduction for wear and tear	Value of salvage (if any)	Amount Claimed



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Declaration

Data Protection:

Caribbean Insurers Ltd, may use the personal data that you supplied for the purposes of insurance administration. This data may be disclosed to the insurers and regulatory bodies for the purposes of administering and regulating your insurance. Your information may also be used for offering renewal, conducting research, statistical purposes and crime prevention. We may share these details with other insurance organizations (such as Loss Adjustors, or Investigators) to help handle claims. Your details will at all times be held securely and handled with the utmost care.

Law applicable to Contract:

Caribbean Insurers Ltd is authorized and regulated by the British Virgin Islands Financial Services Commission.

Declaration:

1. I/We declare to the best of my/our knowledge and belief that the information given on this form is true and complete in every respect.
2. No information relevant to the claim is omitted.

Signature: _____ Date: _____

Signature (if joint): _____ Date: _____

IMPORTANT NOTICE:

Failure to disclose material facts could result in your contract being invalidated/cancelled, a claim not being paid or difficulty in obtaining insurance in the future. If you are in doubt as to whether a fact is material you should disclose it. A copy of this proposal form is available on written request. Full details of the cover provided appears in the policy document a copy of which is available on request.