



tomorrow. secured.

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MATERIAL DAMAGE CLAIM FORM

Complete Form and return by FAX or POST to your representing agent

Claim No:

Name of Insured:		Address:	
Policy No.	Tel. No Home:	Work:	
Date of Loss:	Fax No:	Mobile:	
		Class: <input type="checkbox"/> HI	<input type="checkbox"/> MD <input type="checkbox"/> BI
Cause of Loss Give brief details of the circumstances			
Location of Property Affected			
State value at the time of the Loss (Insert currency symbol) \$			
SUM INSURED	BUILDINGS	STOCK	
	\$	\$	
	\$	\$	
AMOUNT CLAIMED	BUILDINGS	STOCK	
	\$	\$	
	\$	\$	
<p>1. The claim is made by me/us as (Owner/Mortgagee)</p> <p>2. No persons are interested in the said property except (Myself, Ourselves & the name of Mortgagee)</p> <p>3. To the best of my/our knowledge the particulars given above are correct. YES NO</p> <p>4. I/We have in no manner caused the said Loss, or by any fraud or willful misrepresentation sought unjustly to benefit thereby.</p>			
DATED THIS _____ DAY OF _____ 20_____			
Signature of Claimant _____			
Address _____			
<p>NB: Claims in respect of damage to Buildings should be accompanied by a Builder's estimate. Claims in respect of damage to stock should be accompanied by supporting documents as much as possible.</p>			