



Sagicor

GENERAL

Sagicor General Insurance Inc.
P. O. Box 150, Bridgetown, Barbados.
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PLEASE RETURN THIS FORM TO:-

GENERAL CLAIM FORM

POLICY NO: AGENCY:
SUM INSURED: PERIOD OF INSURANCE:
NAME: OCCUPATION:
ADDRESS: TELEPHONE NO:

- 1. Date and time when loss or damage occurred
2. Address of premises where loss or damage occurred
3. By whom discovered
4. Full particulars of how the loss or damage occurred
5. For what purpose was the premises used at the date of loss or damage?
6. If any alteration in risk had taken place since policy was issued or last endorsed, please give details.
7. Were the premises occupied at the time?
8. If not, on what date and at what time were they last occupied?
9. For how long has the premises been unoccupied since the policy was effected or last renewed?
10. Are you the owner of the premises or responsible for the repairs?
11. Is there evidence of forcible entry of the premises?
12. Were the Police notified? At what station?
13. Are there any other insurances on the property?

