



Sagicor General Insurance Inc.

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“ALL RISKS” – CLAIM FORM

(PLEASE COMPLETE ALL DETAILS ON THIS PAGE / PLEASE WRITE IN BLOCK LETTERS AND TICK CORRECT ANSWER BOXES)

STATEMENT OF AND PARTICULARS OF CLAIM

Policy No.: **Claim No.:**

Name of Insured:

Occupation:

Address:

Telephone No.: **Business:**

E-mail: **Vat/B.I.R.#:**

Date damage occurred: **Time damage occurred:**a.m p.m.

Describe fully how the loss or damage occurred:
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.....
.....

Was the property in respect of which you are making a claim your own?
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.....
.....

If not, give details of ownership or interest:

- In respect of loss:**
[a] When did you last see the property and where?
[b] When did you advise the Police and where?
[c] What other steps have you taken to trace the property?

In the event of your claim including jewellery, parts of which have been lost, state when the items were last examined by a jeweller and the name of the jeweller:
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.....
.....

Is there a Householders Comprehensive or other policy in force which insures any of the items listed in this claim? Yes No
If so, give full details:
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.....
.....

Give particulars of any loss previously sustained by Fire, Burglary, or from other cause:
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.....

Have you ever claimed upon insurers in respect of losses or damage within the scope of the “All Risks” Policy?
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DISCOVERY OF LOSS: *The Insured must promptly take all practicable steps for tracing and recovering any property lost.*
NOTIFICATION OF POLICE: *The Police Authorities must be notified of any loss or theft without delay.*

P.T.O.

STATEMENT OF CLAIM

- N.B.**
- (1) The amount to be claimed on any article is limited to the actual intrinsic value at the time of the loss. The amount of damage should be stated.
 - (2) Receipts obtained at the time of purchase of the undermentioned articles should be attached, wherever possible, for inspection and subsequent return.

Item No.	Description of Property	Belonging to	When and Where Bought	Price Paid	Deduction for Age, Use Wear & Tear	Amount Claimed

I hereby declare that the property claimed for, particulars of which are given above, has been lost, stolen or damaged and that all the statements on this form are, to the best of my knowledge and belief correct.

Name of Insured: Signature of Insured: Date:

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM