

Sagicor General Insurance Inc.

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GENERAL | BURGLARY, HOUSEBREAKING, **LARCENY AND THEFT** – 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.:						
1.	Name of Insured:					
2.	Address:					
	Telephone No.:	Business:				
	E-mail:	Vat/B.I.R. #:				
3.	Location of occurrence:					
4.	Date damage occured:	Time damage occured:p.m.				
5.	Were premises occupied at time of loss?	☐ Yes ☐ No				
	If not, when were they last occupied?					
6.	Did you make a report to the police?					
0.						
	Date of Notification:					
	Police Station:					
7.	Describe circumstances of loss:					
0	A					
8.	Are you the sole owner of the property damaged or stolen?	☐ Yes ☐ NO				
	If not, state full particulars of any other interest:					
9.	Do you have any other insurance against this loss?					
	If so, give names and addresses of insurers:					
10.	State total value of contents:					
11.	Give details of any previous claims in connection with these or any other premises:					

No.	Description	Cost Price of Property or Articles Stolen (\$)	Date of Purchase	Estimated value at time of Loss (\$)	Net Amount to Claim (\$)			
	Total \$:							
THE DETAILS REQUIRED OVER-LEAF MUST BE GIVEN								
I/We								
to the Claim, and I/We hereby claim for loss or damage as set out in the schedule hereto, amounting to \$								
Name o		Date:						