



Sagicor

GENERAL

Sagicor General Insurance Inc.

P. O. Box 150, Bridgetown, Barbados.

Tel: (246) 431-2800 Fax: (246) 426-0752 / 426-8245

SAGICOR GENERAL INSURANCE INC.

CATASTROPHE CLAIM FORM

Policy No. Claim No:

Name of Insured:..... Tel. No. (Home).....

Postal Address:..... Tel. No. (Work)

Sum Insured:.....Period of Insurance..... VAT No.....

AN ANSWER MUST BE GIVEN TO EACH QUESTION AS APPROPRIATE

1. Date and Nature of Incident

2. Loss Location (with directions)

.....

3. (a) For what purpose were the premises occupied at the time of the loss?.....

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(b) Has any alteration been made to the risk since the policy was issued or last endorsed? Yes No

If so, please give details

4. (a) Are you the sole owner of the property? Yes No

(b) If No, give particulars of other interest

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5. (a) Are there any other insurances on the property? Yes No

(b) If so, please give details

6. Property Damaged: Buildings Stock Furniture Equipment Other Motor Vehicle

7. Vehicle Damaged: Make..... Reg. No.....Year.....

(a) Is Vehicle out of use? Yes No

8. Please state the extent of damage.....

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.....
.....

P.T.O.

Note:- Photographs of damaged items/building must be attached, if possible.

INSTRUCTIONS TO BE OBSERVED IN SUBMITTING ESTIMATES FOR THE REPAIR OR REPLACEMENT OF PROPERTY DAMAGED OR DESTROYED

- 1) The form together with all relevant documents such as bills, invoices and a detailed estimate (where required) should be obtained at your expense and returned to us within fourteen (14) days.
- 2) If your Policy is arranged on Indemnity basis you should make allowances for depreciation of the items claimed for, due to age, wear and tear, and salvage, where applicable.
- 3) If your Policy is arranged on a Reinstatement basis you should indicate the cost of replacing the items as though they were new.

Policy conditions require that your statement of claim together with all relevant documents be delivered to our office within 30 days of the date of the loss. (Please append additional sheet if necessary).

I hereby claim from Sagicor General Insurance Inc. the sum of \$ which I declare to the best of my knowledge is the true and accurate cost of repairs/replacement of my property Motor Vehicle which was lost and/or damaged as a result of the above-noted occurrence.

Signature of Insured

Date