



Registered Office
13 Stanmore Avenue, PO Box 837
Port of Spain, Trinidad & Tobago
(t) +1 868 623 2266
(f) +1 868 623 9900
info@beacon.co.tt
beacon.co.tt

PROPERTY INSURANCE EMERGENCY CLAIM FORM

PLEASE ANSWER EACH OF THESE QUESTIONS COMPLETELY

POLICY NO: _____ CLAIM NO: _____

Section A: personal details

1. Insured: _____
2. Address: _____
3. Occupation/business: _____
4. Telephone no: _____ E-mail: _____
5. Risk location: _____

Section B: circumstances of the occurrence

6. What was the nature of the occurrence? Hurricane/storm Earthquake Flood
7. For what purposes were the premises being used at the time of the occurrence?

8. (a) Is the insured the sole owner of the property lost or damaged? Yes No
(b) If **No**, please give name and address of owner and any other interest:

9. (a) At the time of the occurrence, were there any other existing insurances on the said property, with any other company or insurer, whether effected by the insured or by any other person? Yes No
(b) If **Yes**, please give full particulars:
