

Registered Office

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PROPERTY INSURANCE CLAIM FORM

PLEASE ANSWER EACH OF THESE QUESTIONS COMPLETELY

POL	LICY NO: CLAIM NO:						
Sec	ction A: personal details						
1.	Insured:						
2.	Address:						
3.	Occupation/business:						
4.	Telephone no:E-mail:						
5.	Risk location:						
Sec	ction B: circumstances of the occurrence						
6.	What was the nature of the occurrence (e.g. "fire")?						
7.	Was the occurrence reported to the police and/or fire services?						
8.	Please state precisely the date and time of the occurrence:(mm/dd /yy) at (a.m./p.m.)						
9.	For what purposes were the premises being used at the time of the occurence?						
10.	Please describe briefly:						
	(a) what happened:						
	(b) the damage that resulted:						
	(c) what you believe was the cause of the event:						
11.	Were the premises and their occupation at the time of the occurrence exactly as described in the policy?						
12.	(a) Is the insured the sole owner of the property lost or damaged?						

	(b) If No , please give name and address of owner and any other interest:
13.	(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?
	(b) If Yes , please give full particulars:
14.	(a) Have any previous claims of a similar nature been made in connection with these or any other premises?
	Yes No
	(b) If Yes , please give dates and state the amount of the loss:

Declaration

I/we the undersigned do hereby declare that the that the particulars supplied in this form are true in every respect, and that no information material to the claim has been withheld.

Date: _____(mm/dd/yy)

Signature of insured/claimant:_____

Instructions to be observed in completing this form

- If the claim is in respect of **buildings**, it must be accompanied by **two** builders' estimates obtained at the insured's expense, indicating the cost of returning the building to the same state it was in immediately before the occurrence. No contemplated improvements may be included in such estimates.
- If the claim is for **contents**, please give a full list of the articles destroyed or damaged, and supply the following information in respect of each item:
 - 1. Original cost price
 - 2. Value immediately before the occurrence (after making due allowance for "wear and tear")
 - 3. Value (if any) after the occurrence, or "value of salvage"
 - 4. The difference between 2 and 3, which will be the net amount of loss sustained.

If the claim is for **stock-in-trade**, only cost prices (after deduction of all discounts and trade allowances for cash payments) are recognised in estimating sound values.

No	Description	Date of purchase	Cost price	Estimated value at time of loss	Value of salvage	Net amount claimed

Please attach additional sheets if required.