



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

ALL RISKS 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. Tel. no. _____ E-mail: _____

Section B: circumstances of loss or damage

5. Please state precisely the date and time of loss or damage: _____ (mm/dd /yy) at _____ (a.m./p.m.)
6. Address where loss or damage occurred: _____
7. State full circumstances of the loss or damage: _____

8. (a) Are you the sole owner of the property lost or damaged? Yes No
(b) If **No**, please give name and address of owner:

9. (a) Do you suspect any particular person? Yes No
(b) If **Yes**, please state their name and address:

10. (a) Were the police notified? Yes No
(b) If **Yes**, please give name and address of the police station and number of the officer:

11. What steps have you taken (if any) to recover the lost property? _____

12. (a) Is there any other insurance against this loss? Yes No
 (b) If **Yes**, please give name and address of other insurers: _____

Section C: details of items lost or damaged

13. Please give a full list of the articles stolen or damaged:

No	Description	Date of Purchase	Cost price	Estimated value at time of loss or damage	Net amount claimed

Declaration

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

Signature of insured/claimant: _____ **Date:** _____ (mm/dd/yy)

If the insured/claimant is a company, please affix company stamp: