EQUITY INSURANCES LIMITED

Lower Collymore Rock, St. Michael, Barbados, West Indies
Tel: (246) 429-2920 Fax: (246) 429-2957

GENERAL CLAIM FORM

NAME: POLICY NUMBER:

PERIOD OF INSURANCE: SUM INSURED:

ADDRESS: TELEPHONE NO:

1. Date and time when loss or damage occurred. _____
2. Address of premises where loss or damage occurred. _____
3. By whom discovered? _____
4. Full particulars of how the loss or damage occurred. _____
5. For what purpose was the premises used at the date of damage? _____
6. If any alteration in the risk had taken place since policy was issued or last endorsed, please give details. _____
7. Were the premises occupied at the time? _____
8. If not, on what date and at what time were they last occupied? _____
9. For how long have the premises been unoccupied since the policy was effected or last renewed? _____
10. In respect of jewellery, when was it last valued by a jeweller? _____
11. Is there evidence of forcible entry of the premises? _____
12. Were the police notified? At what station? _____
13. What other steps have been taken for recovery of the property? _____
14. Are there any other insurances on the property? _____
15. If so, please state the name of the Company, Policy Number and amount. _____
16. Have you ever before sustained a loss of this nature? _____
17. If so, please give details. _____
18. Is any other person interested in the property as owner, mortgagee, trustee or otherwise? _____
19. Total amount claimed from the Company. _____

I/We do hereby declare that the above is a full, true and accurate statement and I/We further declare that the property mentioned in the attached sheets, which belongs to me/us and which is insured under the above named Policy or Policies, was destroyed or damaged as aforesaid according to the extent and values stated; whereof I/We claim the sum of the amount thereof.

_____ _____

Date Signature of Insured

INSTRUCTIONS REGARDING PREPARATION OF CLAIM

GENERAL

1. If your policy is arranged on an indemnity basis, your claim should be based on the actual value of the property at the time of the loss or damage with due allowance made for depreciation and wear and tear.

2. If your policy is arranged on a Replacement or Reinstatement basis, you should indicate the cost of replacing the items as new.
(Please check with this office or your agent/broker if you are unsure of the basis on which your policy is arranged)

BUILDING CLAIMS

An estimate, obtained at your own expense, must be furnished giving measurements and prices of the work required to repair the damage to your Building(s). No improvements in construction are covered by Insurance and if any are contemplated these should be specified and their cost stated separately.

PLEASE INDICATE

1. The age of the Building _____

2. The amount claimed $ _____

CONTENTS

We require a list of all damaged items together with documentation such as bills, invoices, receipts, etc. and a confirmation of the date of purchase or age of the item. If the item can be repaired, please submit an estimate for the cost of repairs from a recognised repairer.

PLEASE COMPLETE THE FOLLOWING (If necessary, please append another sheet)

NUMBER OF ITEMS	DESCRIPTION OF PROPERTY LOST, DAMAGED OR DESTROYED	DATE OF PURCHASE/AGE OF ITEM	CURRENT REPLACEMENT COST	AMOUNT CLAIMED