



Insurance Corporation of Barbados Limited

CLAIM NO:

CLAIM FORM FOR HOUSEOWNERS AND HOUSEHOLDERS COMPREHENSIVE INSURANCE
PLEASE ANSWER ALL QUESTIONS AS FULLY AS POSSIBLE

NAME OF INSURED
ADDRESS: Residence Office
TELEPHONE NO:
DATE OF LOSS/DAMAGE DATE OF PAYMENT OF PREMIUM:
POLICY NO: PERIOD OF INSURANCE

- 1. Cause and nature of loss/damage (such as Fire, Burglary, Larceny Flood, Water Damage, Liability etc)
2. When was the loss/damage discovered and by whom?
3. In cases of loss due to Theft please indicate:
(a) When you last saw the items lost
(b) Where you had kept the lost items
4. (a) Are you the sole owner of the insured property (Building, Contents etc. If not, give details of other ownership
(b) Is there a mortgagee (in the case of Buildings) or a Hire Purchase Agreement (in the case of Furniture, Equipment etc). If so give details
5. (a) Was the loss/damage reported to the Police? Indicate the name of the station to which the report was made
(b) State the action taken by the Police
6. Give full description of the events giving rise to the loss/damage and your discovery of it. (Please continue on the following page if necessary)
7. Give your present estimate of all the items insured under the Policy (separately for Building and Contents)
8. State the purpose for which the Building was used at the time of loss/damage
9. Are there any other insurance on the same property? If so, give details
10. Have you previously sustained any loss due to Fire, Hurricane, Flood, Theft, Burglary, Larceny or any other cause? If so, give brief details of claim made and amounts received from Insurers

I hereby declare that the above statements are true.

Signature Date