



An affiliate of **VICTORIA MUTUAL**

**CATASTROPHE
CLAIM FORM**

(To be used only in the event of catastrophes e.g. Hurricane or Earthquake)

Policy No: Claims No:

Insured Name: TRN:

Insured Mailing Address:

Telephone Nos: Work: Home: Mobile:

Name, Address & Telephone No. of contact person (if different from Insured):

Date of Loss: Time of Loss: Enter time for example. 2:30 pm

Address of Loss:

Give specific direction of Loss location:

Nature of Occurrences:

Description of Loss/ Damage:

For what purpose was the premise occupied at the date of the Loss?

If there is more than one building, please describe damage to each building

Damage to/loss of contents must be detailed here.

Estimated cost of repairs (if known): \$

PLEASE SUBMIT WRITTEN ESTIMATE AS SOON AS POSSIBLE

Is the Insured the sole owner of the property ? Yes No

If not, please state full particulars of any other interested party e.g. Mortgagee

Give full particulars of any other existing Insurance on the Property whether effected by the Insured or by any other person

Insurance Company:

Name of Insured:

Sum Insured : \$

If there is no other Insurance, write 'NONE'

LIST OF PROPERTY DAMAGED OR DESTROYED

When a Building is the subject of the Claim, a detailed Estimate must accompany this Form.

No.	Description of the Property destroyed or damaged. Particulars to be given in detail.	Amount Insured	Value immediately previous to the loss/damage	Value of Salvage	Amount Claimed

I/We do hereby declare that the above is a full true and accurate statement and that I/we have withheld no information material to the claim, and I/we further declare that the articles mentioned in the **above table(s)** being my/our property and insured under the above named Policy or Policies were destroyed or damaged by the aforesaid peril.

Date

Signature of Insured:

Submit completed form and e-mail it to eforms@bcicjamaica.com. You will be required to sign the form at a later date, when next you visit our office or that of your Broker.

or

Print completed form, affix your signature and submit to our office by either e-mail, fax, post or hand delivery.

BRITISH CARIBBEAN INSURANCE COMPANY LIMITED

Head Office: 36 Duke Street, Kingston, Jamaica, West Indies.
Telephone: (876) 922-1260, (876) 618-2242; Telefax (876) 922-4475
Email: info@bcicjamaica.com