



INSURANCE COMPANY LIMITED

UNITED INSURANCE CENTRE,
LR. BROAD ST., BRIDGETOWN, BARBADOS, W.I.

All Risks Claim Form

Branch/Agency..... Claim No..... Policy No.....

1. Name of Insured.....

Address Tel. No.....

Profession or Occupation.....

2. (a) Date and time when the loss or damage occurred

(b) Date and time when the loss or damage was discovered and by whom

(c) Date and time when the property lost or damaged was last seen and by whom

(d) Address of premises where loss or damage occurred

3. Please give the full particulars of the manner and circumstances of the loss or damage

4. (a) Has the loss been reported to the Police, if so, state when and the name and address of the Police Station?

(b) What other steps have been taken for the recovery of the property lost?

5. If the loss is in respect of Jewellery, when was it last overhauled by a Jeweller?

Give the name and address of the Jeweller

6. (a) Have you previously sustained any loss or damage to property?

(b) Was a claim made upon any Company or Underwriter, if so, give name and date, nature of loss or damage and amount paid?

7. Are there any other Insurances upon the property, if so, please give full particulars?

I/We declare the above statements are true and that no other person has any interest whatsoever in the property lost or damaged.

Date

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Signature of Insured:

(Please complete the Statement of Claim on the reverse side).

