

## TRINIDAD AND TOBAGO INSURANCE LIMITED HEAD OFFICE 11 MARAVAL ROAD, PORT OF SPAIN

OFFICE	1 1 180 00 00 00 00 00 00 00	•
	CLAIM FORM	
LOSS OF	OR DAMAGE TO	PROPERTY

FOR OFFICIAL	USE ONLY
File No.	
Producer	
Branch	
Claim No.	

IMPORTANT - YOU ARE ADVISED TO READ CAREFULLY THE CONDITIONS OF YOUR POLICY AS IT CONTAINS SPECIFIC REQUIREMENTS WHICH MUST BE LITERALLY COMPLIED WITH BEFORE SUBMISSION OF A CLAIM. THIS FORM SHOULD BE COMPLETED AND FORWARDED TO THE COMPANY ALONG WITH FULL PARTICULARS OF THE CLAIM AS SOON AS POSSIBLE AFTER THE OCCURRENCE AND IN NO CASE LATER THAN THE TIME SPECIFIED IN THE POLICY.

olicy No. and Type of Policy			Í
OHCY INC. AND TYPE OF THE			
ame of Insured			
Postal Address			
DS(a) Addition			
ddress where loss occurred		9	
for what purposes were the premises being used?			
Were the premises occupied at the time of loss? If not, when and by whom were they last occupied?			
Describe fully any alteration in risk (physical or otherwise) which took place during the relevant period of insurance.			
What was the nature of the occurrence? (e.g. fire, flood, theft)		Time	am/pn
When did it take place?	Date:		
Describe briefly what happened and the resultant damage?			
What do you believe caused or contributed to the loss?			
Do you have reason to suspect any particular person? Please give name and address of any such person.			
Please give details of Police or Fire Station where the loss was reported.	Date: Address:	Name and No. of Officer	
Please give name and address of any other party having an interest in the property.(e.g. mortgage, hire purchase, joint-ownership)			
Please give full particulars of all other insurances on the property whether effected by you or anyone else?			
Please give full particulars of any other losses of a similar nature			

## **GUIDELINES FOR ARRIVING AT THE AMOUNT CLAIMED**

BUILDING

Two (2) detailed Builder's Estimates, representing the cost of restoring the Building

to the same condition it was immediately before the occurrence.

**CONTENTS** 

A complete list of all Articles damaged or destroyed with original Invoices. If any article is capable of repair a Tradesman Estimate at Cost Price at the time of loss.

**STOCK IN TRADE** 

A complete list of all items of Stock damaged or destroyed at Cost Price at the time of loss less allowances for trade and special discounts.

## PARTICULARS OF PROPERTY DAMAGED OR DESTROYED

Qty	Description	Date of	Original Cost	Value at time of	Cost of	Value of	Net Amount
ĺ	of Property	Purchase	Price	loss	Repairs	Salvage	Claimed
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## PLEASE APPEND ADDITIONAL SHEETS IF NECESSARY

IWE DECLARE THAT THE PROPERTY DETAILED AND INSURED UNDER THE ABOVE POLICY WAS DAMAGED OR DESTROYED AS STATED AND IN CONSEQUENCE A CLAIM IS HEREBY MADE FOR THE SUM STATED HEREIN. INVE DECLARE THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE IN EVERY RESPECT.

SIGNATURE OF INSURED	<u> </u>	DATE