



UNITED INSURANCE COMPANY LIMITED

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

CLAIM FORM

Account No:																				
Policy No:																				

Branch or Agent..... Claim No.....

Name.....

Address..... Tel No.....

1. When did the damage take place?	Date.....Time.....
2. Address of the premises where the damage occurred.	
3. (a) For what purpose (e.g. Private dwelling, Shop, Factory, etc.) were the premises occupied at the date of the damage? (b) If any alteration in risk had taken place since policy was issued or last endorsed please give details.	
4. What was the cause of the damage, and how did it occur?	
5. (a) Does the property in respect of which the claim is made belong solely to you? (b) If not, please give full name of any other party interested therein.	
6. (a) Are there any other insurances on the property, whether affected by you or by any other party? (b) If so, please give name of Company, Policy No. and amount insured , if known	
7. (a) Have you previously suffer loss from a similar cause in these or other premises? (b) If so, please give details	

I/We do hereby declare that the above is a full, true and accurate statement, and I/we further declare that the property mentioned on the reverse hereof, 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; wherefore I/we claim the sum of the amount thereof.

Signature of Insured.....

Address.....

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Date.....

(Please turn over)

