

1st Floor, # 2 Bridge Street, P.O. Box 1860, Castries, Saint Lucia, Tel: 1 (758) 451-3244 Fax 1 (758) 458-1222

FIRE CLAIM FORM

Brar	nch/Agent/Broker:	Policy Number :		Claim Number:
1.	Name of Insured:		Email Ad	dress:
	Home & Mailing Address:		Telephon	e Number:
	Business Address:		Telephon	e Number:
	Cellular phone Number		Fax Num	ber:
	Address of Property Damage:		Description	on of Property Damaged
2.	Date of Occurrence: (MM/DD/YY)	Particulars o	f Occurrence	
3.	Were the premises occupied at the tim (Please tick the appropriate box) Yes: No:	e of the Loss?	f not, please	give the period of unoccupancy.
4.	State precisely the purpose for which the being used at the time of the loss.	premises were		
5.	Who are the owners of the damaged prop Please state full names and addresses:	perty?		
6.	Are there any other insurances on the whether effected by the claimant or any of (Please tick the appropriate box)			e state the name of company, policy insured amount:
	Yes: No:	5	S	
7.	Have you experienced any previous claimature? (Please tick the appropriate box)		f yes, please	e provide details
	Yes: No:			
8.	Was the Fire Service Called? Yes: No:	r		se provide details of station which and the name of the investigating
0				
9.	Kindly state the approximate value of the	loss		
	\$			
	e DECLARE that these particulars includi are aware that I/we must submit my/our de			
Aut	horized Signature:	DATE	D:	

The Information on the reverse of the form must be completed and is a part of the declaration made by you above.

HCCF - 08/2004

INSTRUCTIONS TO BE OBSERVED IN COMPLETING THIS FORM

If the claim is in respect of **BUILDINGS**, the claim must be accompanied by a Builders' Estimates, obtained at the Insured's own expense, of the Cost of repairing the Building in accordance with the Policy terms. Such cost should not include improvements

If the claim is in respect of CONTENTS, a full list of Articles destroyed or damaged must be given below and each column must be completed:-

Number of Items	Full description of article(s)	To whom does the article(s) belonged	From whom purchased or received (Name and	Date purchased or received	Price Paid		Deduction for wear and tear and salvage	for sar je	Amount Claimed	pə
			Address)		\$	Þ	\$	\$	\$	4
TOTAL:										
Deduction for	Deduction for depreciation and Wear and Tear:	and Tear:								
Net Amount claimed:	laimed:									