Sagicor GENERAL

Sagicor General Insurance Inc.
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GENERAL – CLAIM FORM

(PLEASE COMPLETE ALL DETAILS ON THIS PAGE / PLEASE WRITE IN BLOCK LETTERS AND TICK CORRECT ANSWER BOXES)

STATEMENT OF AND PARTICULARS OF CLAIM

Policy No.: ..... **Agency:** .....

Sum Insured: ..... **Period of Insurance:** .....

Name of Insured: ..... **Occupation:** .....

Address: .....

Telephone No.: ..... **Business:** .....

E-mail: ..... **Vat/B.I.R. #:** .....

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1. **Date damage occured:** ..... Time damage occured: .....a.m . ..... p.m.
2. **Address of premises where loss or damage occurred:**

   .....
3. **By whom discovered?**

   .....
4. **Full particulars of how the loss or damage occurred:**

   .....

   .....

   .....
5. **For what purpose was the premises used at the date of loss or damage?**

   .....
6. **If any alteration in risk had taken place since policy was issued or last endorsed, please give details.**

   .....
7. **Were the premises occupied at the time?**

   .....
8. **If not, on what date and at what time were they last occupied?**

   .....
9. **For how long has the premises been unoccupied since the policy was effected or last renewed?**

   .....
10. **Are you the owner of the premises or responsible for the repairs?**

    .....
11. **Is there evidence of forcible entry of the premises?**

    .....
12. **Were the Police notified?** ☐ Yes ☐ No **At what station?**

    .....
13. **Are there any other insurances on the property?**

    .....
14. **If so, please state the name of the Company, Policy Number and amount.**

    .....

Please turn over-leaf >>>

15. **Have you ever before sustained a loss of this nature?**

.....

16. **If so, please give details:**

.....

17. **Is any other person interested in the property as Owner, Mortgage, Trustee or otherwise?**

.....

I/We do hereby declare that the above is a full, true and accurate statement and I/We further declare that the property mentioned in the attached sheets, which belongs to me/us and which is insured under the above named Policy or Policies, was destroyed or damaged a aforesaid according to the extent and values stated; whereof I/We claim the sum of the amount thereof.

Name of Insured: ..... Signature of Insured: ..... Date: .....

INSTRUCTIONS REGARDING PREPARATION OF CLAIM

GENERAL

1. If your policy is arranged on an Indemnity Basis, your claim should be based on the actual value of the property at the time of the loss or damage with due allowance made for wear and tear.
2. If your policy is arranged on a Replacement or Reinstatement Basis, you should indicate the cost of replacing the items as new. (please check with the office of your Agent/Broker if you are unsure of the Basis on which your policy is arranged).

BUILDING CLAIMS

An estimate obtained at your own expense, must be furnished giving measurement and prices of the work required to repair the damage to your Building(s). no improvements in construction are covered by Insurance and if any are contemplated these should be specified and their cost stated separately.

PLEASE INDICATE

1. **The age of the building:** .....
2. **The amount claimed $:** .....

CONTENTS

We require a list of all damaged items together with documentation such as bills, invoices, receipts etc. and a confirmation of the date of purchase or age of the item. If the item can be repaired, please submit an estimate for the cost of repairs from a recognised repairer.

PLEASE COMPLETE THE FOLLOWING (If necessary, please append another sheet)

Number of Items	Description of Property Lost, Damaged or Destroyed	Date of Purchase/Age of Item	Current Replacement Cost	Amount Claimed