

**CATASTROPHE CLAIM FORM**

*(To be used only in the event of catastrophes e.g. Hurricane or Earthquake)*

POLICY NO.....

CLAIM NO.....

NAME OF INSURED \_\_\_\_\_

INSURED'S POSTAL ADDRESS \_\_\_\_\_ TRN \_\_\_\_\_

TELEPHONE NOS. (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

NAME, ADDRESS & TELEPHONE NO. OF CONTACT PERSON (IF DIFFERENT FROM INSURED) \_\_\_\_\_

DATE OF LOSS: \_\_\_\_\_ TIME OF LOSS: \_\_\_\_\_ A.M./P.M

ADDRESS OF LOSS: \_\_\_\_\_

GIVE SPECIFIC DIRECTIONS TO LOSS LOCATION \_\_\_\_\_

NATURE OF OCCURRENCE \_\_\_\_\_

DESCRIPTION OF LOSS/DAMAGE \_\_\_\_\_

FOR WHAT PURPOSE WERE THE PREMISES OCCUPIED AT THE DATE OF THE LOSS? \_\_\_\_\_

If there is more than one building, please describe damage to each building.

Damage to contents must be detailed on a **separate sheet**.

Estimated cost of repairs (if known): \_\_\_\_\_

**PLEASE SUBMIT WRITTEN ESTIMATE AS SOON AS POSSIBLE**

Is the Insured the sole owner of the property \_\_\_\_\_

If not, please state full particulars of any other interested party e.g.

Mortgagee \_\_\_\_\_

Give full particulars of any other existing Insurance Company \_\_\_\_\_

Insurance on the Property whether effected Name of Insured \_\_\_\_\_

by the Insured or by any other person Sum Insured : \_\_\_\_\_

**If no such other Insurance write 'NONE'** \_\_\_\_\_

I/We do hereby declare that the above is a full true and accurate statement and that I/We have withheld no information material to the claim, and I/We further declare that the articles mentioned on the **attached sheets** being my/our property and insured under the above named Policy or Policies were destroyed or damaged by the aforesaid peril.

DATE.....

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**SIGNATURE OF INSURED**