

# General Insurance Company Ltd.

Head Office: 9-11 Bridge Street, P. O. Box 786, Castries  
St. Lucia, W.I.

## "All Risks" Claim Form

Claim No. \_\_\_\_\_

Name of Insured \_\_\_\_\_

Address of Insured \_\_\_\_\_

Telephone Nos.: Home \_\_\_\_\_ Business \_\_\_\_\_

Email Address \_\_\_\_\_

Policy No. \_\_\_\_\_ Renewal Date \_\_\_\_\_

1. When and where did the loss or damage occur? ----- Time \_\_\_\_\_ a.m./p.m. Date \_\_\_\_\_

Address \_\_\_\_\_

2. State the full circumstances of the loss or damage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you notified the Police? YES \_\_\_ NO \_\_\_

If 'YES', when and where \_\_\_\_\_

Name and number of investigating officer \_\_\_\_\_

4. Have you taken any other steps to recover the lost property? YES \_\_\_ NO \_\_\_

If 'YES', give details \_\_\_\_\_

\_\_\_\_\_

5. Are YOU the sole owner of the property lost or damaged? YES \_\_\_ NO \_\_\_

If 'NO', (live full details of other interests \_\_\_\_\_

\_\_\_\_\_

6. Were there at the time of the loss or damage any other existing Insurances on the said property with any other Insurer, whether effected by you or any other person? YES \_\_\_ NO \_\_\_

If 'YES', give full details of other Insurances. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Have you sustained any loss during the last five years in respect of the risks insured by this Policy? YES \_\_\_ NO \_\_\_

If 'YES', give full details. \_\_\_\_\_

### THE DETAILS REQUIRED OVERLEAF MUST BE GIVEN

I do hereby declare that the above is a true and accurate statement and that the articles mentioned on the other side, being my property and insured under the above Policy or Policies, were lost or damaged by the stated occurrence according to the extent and values detailed overleaf, and I hereby claim from M & C General Insurance Limited the sum of \$

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_

P.T.O.

INSTRUCTIONS TO BE OBSERVED IN COMPLETING THIS FORM

