

General Insurance Company Ltd.

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

Catastrophe Claim Form

Policy No: _____ Type and Date of Loss: _____ Claim No: _____

Insured: _____ Tel. No. Home _____

Postal Address: _____ Office _____

Email Address: _____

AN ANSWER MUST BE GIVEN TO EACH OF THE FOLLOWING QUESTIONS

1. Loss Location: _____
(with directions)

2. Were the premises occupied at the time of the loss? YES ___ NO ___
If not, when were they last occupied? - _____

3. What were the premises being used for? _____

4. Are you the sole owner of the property? YES ___ NO ___
If not, give particulars of other interest _____

5. Are there any other insurances on the property whether effected by you or anyone else? YES ___ NO ___
If yes, give full particulars _____

Give brief description of damage: _____

I do hereby declare that the above is a true and accurate statement with respect to the above loss.

Signature of Insured: _____ Date _____

FOR OFFICIAL USE ONLY

Catastrophe Code: _____

MTGEE./PAYEE _____ AGENT/BROKER: _____

DATE REPORTED: _____ AVERAGE APPL.: YES ___ NO ___ TREATY CODE: _____

PERIOD OF INSURANCE _____ PREMIUM PAID: YES ___ NO ___ EXCESS _____ -- --

SUM INSURED: _____ SPECIFIED ITEMS: _____

POLICY COVER: _____

ADJUSTER. _____ DATE APPOINTED _____

CO-INSURERS	PPN.	FAC. REINSURERS	PNN
M & G GENERAL INSURANCE CO. LTD.			

PAYMENT RECORD

PAYEE	DATE PAID	AMOUNT	DATE	AMOUNT

RETENTIONS: GROUP.: _____ 1st SURP.: _____ 2nd SURP.: _____ FAC.: _____ OTHER _____