

General Insurance Company Ltd.

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

Claim Form

FIRE AND OTHER PERILS EXCLUDING BURGLARY

CLAIM NO: _____ POLICY NO: _____ AGENT: _____

INSURED: _____

ADDRESS: _____ TELEPHONE: _____

EMAIL ADDRESS _____ OFFICE: _____

AN ANSWER MUST BE GIVEN TO EACH OF THE FOLLOWING QUESTIONS

1. What was the nature of the occurrence? (e.g. "Fire") _____
2. When did it take place? Date: _____ Time: _____
3. At what address did the loss occur? _____
4. Describe briefly what happened and the resultant damage _____

5. Were the premises occupied at the time of loss? YES ____ NO ____
If not, on what date and at what hour were they last occupied? _____
6. What do you believe was the cause? _____
7. What were the premises being used for? _____
8. a. Has the loss been reported to the Police/Fire Authorities? YES ____ NO ____
b. If 'YES', on what date and at which station? _____
c. Name and number of investigating Officer _____
9. a. Are you the sole owner of the Property damaged or destroyed? YES ____ NO ____
b. If 'NO', give full particulars of other interest _____

10. a. At the time of the occurrence, were there any other insurances on the Property whether effected by you or anyone else? YES ____ NO ____
b. If 'YES', give full particulars _____

11. a. Have you had any other losses of a similar nature? YES ____ NO ____
b. If 'YES', give full particulars _____

THE DETAILS REQUIRED OVER-LEAF 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 Company Limited the sum of \$

Signature of Claimant: _____ Date: _____

INSTRUCTIONS TO BE OBSERVED IN COMPLETING THIS FORM

If your Claim is in respect of BUILDINGS, attach a Builders' Estimate, obtained at your own expense, for the Cost of restoring the building to the same state as it was in immediately before the occurrence - no contemplated improvement may be included in the Estimates.

If the Claim is for CONTENTS, a complete list of the Articles destroyed or damaged must be given. Against each item please state:

1. The original Cost Price - Column (1)
2. The value immediately before the occurrence (after due allowance for Wear and Tear) - Column (4)
3. The value, if any, after the occurrence, or "Value of Salvage" - Column (6)
4. Enter the difference between Column (4) & Column (6) in Column (7)

If the Claim is for STOCK IN TRADE, the COST PRICES of the items claimed (i.e. after deduction of all Discounts and Trade Allowances for Cash Payments) must be submitted.

If the Policy is on a REINSTATEMENT BASIS, the following information must be declared.

1. The original Cost Price - Column (1)
2. The Current Cost or Replacement Price if irreparable - Column(3) or the estimated repair Cost if the item is repairable Column(5)
3. The value of any salvage - Column (6)
4. Enter the net amount of the loss - Column (3) Less Column (6); or Column (5) in Column (7)

PARTICULARS OF PROPERTY DAMAGED OR DESTROYED

Item No.	Description	(1) Original Cost Price	(2) Date of Purchase	(3) Current Replacement Cost	(4) Replacement Cost Less Allowance for Wear and Tear	(5) Est. Repair Cost	(6) Salvage Value	(7) Net Amount Claimed

PLEASE APPEND ADDITIONAL SHEETS, IF NECESSARY