



# EQUITY INSURANCES LIMITED

Lower Collymore Rock, St. Michael, Barbados, West Indies  
Tel: (246) 429-2920 Fax: (246) 429-2957

## GENERAL CLAIM FORM

NAME:

POLICY NUMBER:

PERIOD OF INSURANCE:

SUM INSURED:

ADDRESS:

TELEPHONE NO:

1. Date and time when loss or damage occurred.
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 damage?
6. If any alteration in the 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 have the premises been unoccupied since the policy was effected or last renewed?
10. In respect of jewellery, when was it last valued by a jeweller?
11. Is there evidence of forcible entry of the premises?
12. Were the police notified? At what station?
13. What other steps have been taken for recovery of the property?
14. Are there any other insurances on the property?
15. If so, please state the name of the Company, Policy Number and amount.
16. Have you ever before sustained a loss of this nature?
17. If so, please give details.
18. Is any other person interested in the property as owner, mortgagee, trustee or otherwise?
19. Total amount claimed from the Company.

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 aforesaid according to the extent and values stated; whereof I/We claim the sum of the amount thereof.

Date

Signature of Insured

