

M & C General Insurance Company Ltd.

Head Office: 9-11 Bridge Street, P. O. Box 99, Castries
St. Lucia, W.I.

Claim Form

FIRE AND OTHER PERILS EXCLUDING BURGLARY

CLAIM NO: _____ POLICY NO: _____ AGENT: _____

INSURED: _____

ADDRESS: _____

TELEPHONE NOS.: HOME # _____ MOBILE #: _____ OFFICE #: _____

EMAIL ADDRESS: _____ FAX # _____

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: _____

