



Beacon

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PROPERTY INSURANCE CLAIM FORM

PLEASE ANSWER EACH OF THESE QUESTIONS COMPLETELY

POLICY NO. _____ CLAIM NO. _____

Section A: personal details

1. Insured: _____
2. Address: _____
3. Occupation/business: _____
4. Tel. no. _____ E-mail: _____
5. Risk location: _____

Section B: circumstances of the occurrence

6. What was the nature of the occurrence (e.g. "fire")? _____
7. Was the occurrence reported to the police and/or fire services? Yes No
8. Please state precisely the date and time of the occurrence: _____ (mm/dd /yy) at _____ (a.m./p.m.)
9. For what purposes were the premises being used at the time of the occurrence? _____

10. Please describe briefly:
(a) what happened: _____
(b) the damage that resulted: _____
(c) what you believe was the cause of the event: _____
11. Were the premises and their occupation at the time of the occurrence exactly as described in the policy? _____

12. (a) Is the insured the sole owner of the property lost or damaged? Yes No

(b) If **No**, please give name and address of owner and any other interest: _____

13. (a) At the time of the occurrence, were there any other existing insurances on the said property, with any other company or insurer, whether effected by the insured or by any other person? Yes No

(b) If **Yes**, please give full particulars: _____

14. (a) Have any previous claims of a similar nature been made in connection with these or any other premises? Yes No

(b) If **Yes**, please give dates and state the amount of the loss: _____

Declaration

I/we the undersigned do hereby declare that the particulars supplied in this form are true in every respect, and that no information material to the claim has been withheld.

Signature of insured/claimant: _____ **Date:** _____ (mm/dd/yy)

