



VINSURE

ST. VINCENT INSURANCES LTD.

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All Risks Claim Form

Policy No.

Claim No.

INSURED

Insured's Name in full Tel. No.

Insured's Private Address Tel. No.

Insured's Business Address Fax No.

Business or Occupation E-mail.

1. LOSS DETAILS

- a. Address where loss or damage occurred a.
- b. Date and time of loss or damage b.
- c. When was the property last seen? (Please state date and time) c.
- d. Where was property last seen and by whom? d.
- e. When and by whom was loss or damage discovered? e.
- f. What enquiries have been made and action taken to recover the property? f.
- g. Have the Police Authorities been informed? (Please state address of station and date report was made) g.

2. PROPERTY

- a. Are you the sole owner of the property? If no, please give name of owner. a.
- b. If premises unoccupied, please state date and time they were last occupied. b.
- c. Has there been any alteration in Risk since Policy was issued or last endorsed? If yes, please give details c.

3. INTEREST

- a. Are there any other persons interested in the property? (e.g. mortgagees, lessors, etc.) If yes, please state name(s) and interest(s). a.
- b. Are there any other Insurances in force covering the Property? If yes, please state name and address of other Company (ies). b.
- c. In respect of damage to building or landlord's fixtures (including internal decoration), are you responsible for the repair of such damage under the terms of a tenancy agreement? c.

