



ST. VINCENT INSURANCES LTD.

Fire and Perils Claim Form

Policy No.

Claim No.

Account No.

INSURED

Insured's Name in full

Insured's Private Address Tel. No.

Insured's Business Address Tel. No.

Trade or Occupation Fax. No.

1. DETAILS OF LOSS

a. Address or location where loss or damage occurred

b. Date and time of loss or damage

c. Give full details of circumstances giving rise to loss or damage.
(If Fire, give the exact cause and how it originated)

d. When and by whom was loss or damage discovered?

e. Name(s) and address(es) of any witness(es).

f. If loss or damage resulted from fire, did you inform the Police?
(Please state address of station and date report was made).

2. PROPERTY

a. Are you the sole owner of the property? If no, please give name of owner.

b. Are the premises unoccupied?

c. What was the property used for at the time of loss? (e.g. Dwelling House, Shop, Hotel, Warehouse, Factory, etc.)

d. Have there been any alterations in Risk since Policy was issued or last endorsed? If yes, please give details.

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).

