



SENTRY Insurance

PROPERTY CLAIM FORM

Claim No.: _____

INSURED

a. Full Name:
b. Address:
c. Risk Location if different from address:
d. Telephone No.: _____ (Home) _____ (Cell) _____ (Work)
e. How is the property occupied?
f. Policy No.:
g. Date of payment of last premium:

LOSS OCCURANCE

a. Date of loss / damage:
b. Type of loss (e.g.: fire, theft, etc.):
c. What do you believe was the cause? _____ _____
d. Was the loss / damage reported to any authority (e.g.: Police, Fire Department, Public Services Department, etc.)? Yes [] No [] If 'YES', please give name: (_____) and address: (_____)
e. Was the premises occupied at the time of loss / damage: Yes [] No [] If not, when and by whom was it last occupied? _____ _____
f. Do you have any reason to suspect any particular person as being responsible for the loss / damage? Yes [] No [] If 'YES', please give name: (_____) and address: (_____)
g. Full details of loss / resultant damage: _____ _____ _____ _____

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WEST INDIAN INSURANCES LIMITED

James Street, P. O. Box 1828, Kingstown, St. Vincent and the Grenadines
TEL: (784) 456-2247 ▪ FAX: (784) 456-2248 ▪ Email: westindianinsurances@sentrywi.com

OTHER INFORMATION

a. Please give name and address of any other party interested in the property (e.g.: Mortgagee, hire purchase, joint owner, etc.): _____

b. Give full particulars of all other insurances on the property whether effected by you or anyone else: _____

c. Give full particulars of any other losses of a similar nature, (whether claim made or not) made in relation to these and other premises: _____

DECLARATIONAL

I/we declare that the information & statements supplied in the above claim is true and correct to the best of my/our knowledge and belief and no material information has been concealed or withheld nor has any attempt been made to deceive the company as to the extent and or nature of the loss/damage.

Signature of insured: _____

Date: _____

If insured is a Company / Business,
that Company's official stamp to be
placed here:

