

Caribbean Alliance Insurance Company Limited REGISTERED HEAD OFFICE Cnr. Newgate & Cross Streets, P.O. Box 1609, St. John's, Antigua t: +1 (268) 484-2900 f: +1 (268) 481-2949 e: enquiries@caribbeanalliance.com

www.caribbeanalliance.com

MATERIAL DAMAGE CLAIM FORM

Name of Insured:		Address			
Policy No.		Tel. No Hm:		Wk:	
Date of Loss:		Fax No:		Mobile:	
		Class: 🗆 HI	ПMD	\Box_{BI}	
Cause of Loss Give brief Details of the circumstances					
Location of Property Affected					
State value at the time of the Loss (Insert currency symbol) \$					
SUM INSURED	BUILDINGS		STOCK		
	\$		\$		
	\$		\$		
AMOUNT CLAIMED	BUILDINIGS		STOCK		
	\$		\$		
	\$		\$		
1. The claim is made by me/us as (Owner/Mortgagee)					
2. No persons are interested in the said property except (Myself, Ourselves & the name of Mortgagee)					
3. To the best of my/our knowledge the particulars given above are correct. YES NO					
4. I/We have in no manner caused the said Loss, or by in any fraud or willful misrepresentation sought unjustly to benefit thereby.					
DATED THIS DAY OF 20					
Signature of Claimant					
Address					
NB: Claims in respect of damage to Buildings should be accompanied by a Builder's estimate. Claims in respect of damage to stock should be accompanied by supporting documents as much as possible.					