

Caribbean Alliance Insurance Company Limited
REGISTERED HEAD OFFICE

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www.caribbeanalliance.com

## PROPERTY - CATASTROPHE CLAIM ADVICE FORM

Insured:	Mortgagee:										
Address:				Tel. No. Fax. No.							
Date of Loss:				Cause of I	Loss						
Policy No.				Class: I	HI [		MD		BI		
Item(s) Insured: 1	Sum Insured: \$										
2				\$							
3				s							
4				\$							
5				\$							
Give brief description of & direction to Property:											
Damage To:											
A Building B Contents	Yes Yes	No No		Minor Minor			Moderate Moderate		Severe Severe		
Contact Person:			Time Available								
Address:			Tel. N	el. No. W H							
Loss reported by:											
Remarks											
Premium Paid \$	OFFICIAL USE ONLY m Paid \$ Date Paid Premium Outstanding \$										
Adjuster / Firm		Date Appointed:									