

PROPERTY - CATASTROPHE CLAIM ADVICE FORM

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