



NATIONAL CARIBBEAN INSURANCE COMPANY LIMITED

Home and Contents Insurance Claim

Policy No. Client No. Claim No.

Please complete this form in CAPITAL LETTERS.

NOTE: The issue of this form does not constitute an admission of liability on the part of National Caribbean Insurance Company Limited.

PART A - To be completed for all claims

THE INSURED

Name(s) in full, Address, Contact Numbers, Occupation

THE PROPERTY

Are you the owner of the damaged property? YES NO - please give details below

Empty text box for details

Was there any other insurance covering this damage at the time of the occurrence? YES - please give details below NO

Name of Insurer, Policy No., Does any other party have an interest in the damaged property?, Name, Phone No.

THE PREMISES

Where did the loss or damage occur?

Address, Describe the premises, Are the premises tenanted?, If tenanted, were the premises rented furnished?, Were the premises occupied at the time of the loss?, Name, Hour, Date

Was anyone other than the insured or his/her immediate family at home at the time of the loss? YES - please give details below NO

Empty text box for details

Is any trade, business or profession carried on at the premises? YES - please give details below NO

Empty text box for details

INCIDENT DETAILS

Date of incident	/ /	Between the hours of	AM/PM and	AM/PM
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How did the damage occur?

Was another person responsible for the damage? YES – please give details below NO

Name		Relationship to you
Address		Phone No.
Vehicle Registration No. (if damage was caused by vehicle)		
If the damage was caused by fire, did the fire brigade attend? <input type="checkbox"/> YES <input type="checkbox"/> NO		

DETAILS OF PREVIOUS LOSS OR DAMAGE

Have you or anyone living permanently with you suffered any loss, damage or liability to you or your property in the last five years? YES – please give details below NO

Describe loss, damage or liability	Date	Amount
		\$
		\$
		\$
		\$

Have you made a claim on any insurer for any of the above-mentioned incidents? YES – please give details below NO

Insurer	Date	Amount
		\$
		\$
		\$

PART B – Please complete the relevant sections pertaining to your claim.

BREAKAGE OF GLASS, BASINS, TOILET BOWLS, ETC. – Please attach invoice or quotation

What was broken?

Was the break through the entire thickness of the material? YES NO

Has the break been repaired? YES NO

Have you paid the account? YES NO

STORM AND WATER DAMAGE (NOTE: You must take all necessary action, such as emergency repairs, to prevent further damage.)

Describe the damage

How did the Wind, Rain or Water enter the premises?

Did the storm cause this opening? YES – please give details below NO

THEFT OR BURGLARY - Please attach original purchase docket, manuals, invoices or receipts. If you provide as much of ownership of the items as possible, it will help us to process your claim more speedily.

How were the premises entered and what damage was caused during entry?

Which rooms were entered?

Have the police recovered any property? YES – please give details below NO

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SECURITY DETAILS

Does the home have any of the following protections?

- | | |
|---|---|
| Deadlocks on all external doors <input type="checkbox"/> YES <input type="checkbox"/> NO | Security intercom <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Keyed locks on all windows <input type="checkbox"/> YES <input type="checkbox"/> NO | Fixed safe <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Burglar bars on all windows <input type="checkbox"/> YES <input type="checkbox"/> NO | Neighbourhood watch area <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Professionally installed alarm <input type="checkbox"/> YES <input type="checkbox"/> NO | Smoke detectors <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Professionally installed monitored alarm <input type="checkbox"/> YES <input type="checkbox"/> NO | Motion detectors <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Hurricane shutters <input type="checkbox"/> YES <input type="checkbox"/> NO | Other <input type="checkbox"/> YES <input type="checkbox"/> NO |

Were any of your security devices activated as a result of theft or burglary? YES NO

ANY LOSS INVOLVING MALICIOUS DAMAGE, LOST OR STOLEN PROPERTY MUST BE NOTIFIED TO THE POLICE.

POLICE DETAILS

Have the police been notified? YES - by whom? NO

Name	Phone No.
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Police Station	Date Notified / /
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Police Report No.	
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Please attach a copy of the Police Report, if available.

If the damage was caused by fire, did the fire brigade attend? YES NO

LEGAL LIABILITY (You may be required to complete a more detailed claim form for this section)

Was anyone injured? NO YES - name of injured person:

Address	
Injuries Suffered	

Was any property damaged? NO YES - name of property owner:

Address	
Damage	
Were there any witnesses? <input type="checkbox"/> NO <input type="checkbox"/> YES - name(s) of	
Address(es)	
Phone No(s).	

Has a formal claim been made against you? NO YES - **You must send us without delay any writ. summons. letter of demand or other document that you receive.**

Have you responded to the claim? NO YES - **Please attach a copy of your response.**

PART C - To be completed for ALL claims

DETAILS OF CLAIM - Please attach estimates.

If Insufficient space, please attach list and show total amounts only below.

BUILDING

Particulars	Name of Repairer	Amount Claimed (attach estimates)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

CONTENTS

Description of Property (include serial number and attach valuations)	Where Purchased	When Purchased	Value at Time of Loss	Replacement Value (attach quotes)
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL				\$

We are not responsible for payment of invoices. However, please indicate if you request payment to any other party.

DECLARATION AND AUTHORISATION

I DECLARE that the information and answers given above are true and complete in every detail and that all relevant information has been disclosed.

I UNDERSTAND that the claim may be refused or reduced if information is untrue or concealed.

I AUTHORISE National Caribbean Insurance Company Limited to give to and/or obtain from other insurers, bureaux or agencies any information relating to the Insured's credit or insurance history, as well as insurance claims information obtained during the course of this contract.

Signature of Insured(s)		Date	/ /
			/ /

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM

PLEASE RETURN COMPLETED FORM TO THE RELEVANT ADDRESS BELOW:
 CHURCH STREET, P.O. BOX 374, BASSETERRE, ST. KITTS. TEL: (869) 465-2694
 PRINCE WILLIAM STREET, P.O. BOX 453, CHARLESTOWN NEVIS. TEL: (869) 469-5456
 P.O. BOX 323, THE VALLEY, ANGUILLA. TEL: (264) 497-2865