

INSURANCE COMPANY (BARBADOS) LIMITED

Suite 8, Dome Mall, Warrens, St. Michael BB22026 Telephone: 246-538-2200 Email: claimsinfobb@genac.com

LOSS OR DAMAGE CLAIM

PLEASE RETURN to

All losses by theft/burglary or housebreaking must be reported to police immediately.

Date of occurrence				Time
Reported to police on				Time
Address of Police Station				
	·			
Name			POLICY NUMBER	
Address			RENEWAL DATE	
Occupation Telephone No.	Email		Please give/con appropriate for the	VAT DERS ARE REQUESTED TO COMPLETE firm instructions on my behalf (where repair of the property/vehicle which is the t of or included in this claim).
How did loss, damage or dest	ruction occur?		VAT REGISTERED	NO.
			(If no	ot registered, write 'NONE')
			VAT STATUS	
			(If part	ially exempt, add recovery %)
			VAT OFFICE ADDF	RESS
OTHER PERSONS WHO HA	AVE KNOWLEDGE OF THE CIRCUMSTAN	NCES		
Name	Address	Telephone No.		

PARTICULARS OF CLAIM

Notes:

1. BUILDINGS AND CONTENTS ITEMS - Where repairs are predictable, the cost of repairs should be inserted in Column 7 and an estimate supplied. 2. CONTENTS ONLY - For claims in respect of clothing and household linen, the amount claimed will be Column 5 minus Column 6.

3. FOR ALL OTHER PROPERTY-

(a) INDEMNITY POLICIES - The amount claimed will be Column 5 minus Column 6, unless the item(s) affected is/are less than 5 years old then amount claimed will be Column 4 minus Column 6.(b) REPLACEMENT POLICIES - The amount claimed will be Column 4 minus Column 6.

Date when bought	Original Purchase Price	Cost to replace	Value at time of loss, less allowance for age/or wear & tear	Value of Salvage	Amount Claimed
2.	3.	4.	5.	6.	7.
		Price	Price	Date when bought Original Purchase Price Cost to replace allowance for age/or wear & tear	Date when bought Original Purchase Price Cost to replace allowance for age/or wear & tear

Bank	Name of Branch	Account	t No.	Type of Account
he property insured only by this Corpo	ration? Yes No	If 'No', please give details as foll	lows:	
Insurer		Policy Number		Sum Insured
e wish to claim under the above numb ong(s) to me/us, my/our family and tha	ered policy for the above property v t the property is not insured elsewho	which was lost, destroyed or damage ere except as stated. I/We warrant that	d as stated. I/We at it is a true state	declare that the property ment and that it does not
tain false or exaggerated information.			at it is a true state	
e:		Signature:		
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