



# INSURANCE COMPANY (BARBADOS) LIMITED

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## 'SYNERGY' SUPERIOR BUSINESS PACKAGE CLAIM FORM

Insured: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Type of Loss: \_\_\_\_\_

Location of Loss: \_\_\_\_\_

Amount being claimed: \_\_\_\_\_

Name of Injured Party: \_\_\_\_\_

Nature of Injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We certify that the above information is true and accurate to the best of my/our knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Form

Revised: November 3, 2020