INSURANCE COMPANY (BARBADOS) LIMITED

Suite 8, Dome Mall, Warrens, St. Michael BB22026
Telephone: 246-538-2200
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CATASTROPHE CLAIM FORM

Policy No:		Claim No:		NID:	
Name of Insured:			Telephone:		
Address of Insured:			Occupation/Trade:		
Name of Contact Person in the event of Insured being unavailable:					
Email Address of Contact:			Contact Telephone Number:		
Date of Loss:			Cause of Loss:		
Description of loss/damage:					
Estimated Cost of Repairs:		Address of Loss:			
Brief directions to property:					
Use of building:					
Other Interests such as Bank/Building Society:					
Are there any other insurances on the said property with any other insurer; whether effected by the insured or any other person?			◯ Yes ◉ No		

I DECLARE that these particulars, including those on the reverse side, are TRUE and COMPLETE and I am aware that I must submit my detailed estimate/claim within 30 days of the event DATE.

…… ……..

Signature(s) of Proposer(s) Date

PRINT

Revised July 2024

LIST OF PROPERTY DAMAGED OR DESTROYED

When a Building is the subject of the Claim, a detailed Estimate must accompany this Form.

Item No.	Description of the Property destroyed or damaged	Sum Insured	Value immediately prior to the loss/ damage	Value of Salvage	Net amount being claimed