



**PROPERTY CLAIM FORM**

**Claim No.** \_\_\_\_\_

**Name:** .....

**Address:** .....

**Telephone No:** ..... **Occupation:** .....

**Policy No:** ..... **Sum Insured:** .....

1. Date and Time when loss or damage occurred: .....
2. Address of premises where loss or damage occurred: .....  
.....
3. By whom discovered: .....
4. Brief details of loss: .....  
.....  
.....  
.....
5. For what purpose was the premises or property being used at the date loss or of damage?  
.....
6. If any alteration in risk has taken place since policy was issued or last endorsed, please give details:  
.....  
.....  
.....
7. Were the premises occupied at the time of loss or damage? .....

Trident Insurance Financial Centre  
Highway 7, Hastings, Christ Church, BB15154 Barbados W.I.  
Telephone: (246) 431-2347 Fax: (246) 427-5750  
E-Mail: trident@tridentins.com www.tridentins.com

*The Symbol of Protection*



8. If not, at what date and at what time were they last occupied? .....
- .....
9. For how long have the premises been unoccupied since the policy was effected or last renewed?
- .....
10. Are you the owner of the premises or responsible for the maintenance/upkeep? .....
11. Is there evidence of forcible entry into or out of the premises? .....
12. Were the police notified? At what station? .....
- .....
13. Are there any other insurances on the property? If so, please state name of Company, Policy Number and amount.
- .....
- .....
14. Have you ever before sustained a loss of this nature? If so, please give details
- .....
- .....
- .....
- .....
- .....
15. Is any other person interested in the Property as owner mortgagee, trustee, or otherwise?
- .....
16. Total amount being claimed from the Company - \$.....

I/we do hereby declare that the above is a full, true and accurate statement and I/we further declare that the property mentioned in the attached sheets, which belongs to me/us and which is insured under the above named Policy or Policies, was destroyed or damaged as aforesaid according to the extent and values stated; whereof I/We claim the sum of the amount thereof.

Dated.....

Signature of Insured.....

Trident Insurance Financial Centre  
Highway 7, Hastings, Christ Church, BB15154 Barbados W.I.  
Telephone: (246) 431-2347 Fax: (246) 427-5750  
E-Mail: trident@tridentins.com www.tridentins.com

*The Symbol of Protection*





## **INSTRUCTIONS REGARDING PREPARATION OF CLAIM**

### **GENERAL**

1. If your policy is arranged on an indemnity basis, your claim should be based on the actual value of the property at the time of the loss or damage with due allowance made for depreciation and wear and tear.
2. If your policy is arranged on a Replacement or Reinstatement basis, you should indicate the cost of replacing the items as new.

(Please check with this office or your agent/broker if you are unsure of the basis on which your policy is arranged)

### **BUILDING CLAIMS**

An estimate, obtained at your own expense, must be furnished giving measurements and prices of the work required to repair the damage to your Building(s). No improvements in construction are covered by Insurance and if any are contemplated these should be specified and their cost stated separately.

### **PLEASE INDICATE**

1. The age of the Building: .....
2. The amount claimed \$.....

Trident Insurance Financial Centre  
Highway 7, Hastings, Christ Church, BB15154 Barbados W.I.  
Telephone: (246) 431-2347 Fax: (246) 427-5750  
E-Mail: trident@tridentins.com www.tridentins.com

*The Symbol of Protection*