M & C General Insurance Company Ltd. Head Office: 9-11 Bridge Street, P. O. Box 99, Castries St. Lucia, W.I.

"All Risks" Claim Form

	Claim			
Nan	ne of Insured			
Add	ress of Insured			
Telephone Nos.: Home		Business		
		Renewal Date		
1.	When and where did the loss or damage occur? Time _	a.m./p.m.	Date	
	Address			
2.	State the full circumstances of the loss or damage			
3.	Have you notified the Police?		YES	NO
0.	If 'YES', when and where			
	Name and number of investigating officer			
4.	Have you taken any other steps to recover the lost property?			NO
4.	If 'YES', give details			110
	1 120, give details			
5.	Are YOU the sole owner of the property lost or damaged?		YES_	NO
	If 'NO', (live full details of other interests			
6.	Were there at the time of the loss or damage any other existing Insurances on the property with any other Insurer, whether effected by you or any other person?	e said	YES _	NO
	If 'YES', give full details of other Insurances.			
7.	Have YOU sustained any loss during the last five years in respect of the risks insu	red by this Policy?	YES	NO
	If 'YES', give full details.			
	THE DETAILS REQUIRED OVERLEAF M	UST BE GIVEN		
insu	hereby declare that the above is a true and accurate statement and that the articles red tinder the above Policy or Policies, were lost or damaged by the stated occurrer I hereby claim from M & C General Insurance Limited the sum of \$			
Siar	nature of Claimant		Date	

INSTRUCTIONS TO BE OBSERVED IN COMPLETING THIS FORM

A full list of the Articles lost or damaged must be given and against each item must be declared:

- 1. Cost Price, due allowance having been made for trade discounts.
- 2. Date of purchase.
- 3. Value at the time of the loss or damage AFTER MAKING DUE ALLOWANCE FOR WEAR AND TEAR.
- 4. Value (if any) after the occurrence, i.e. Value of Salvage.
- 5. The difference between 3 and 4 which will represent the amount claimed.

Item No.	Description	(1) Cost Price	(2) Date of Purchase	(3) Estimated Value At Time of Loss or Damage	(4) Value of Salvage	(5) Net Amount Claimed