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

# **Claim Form**

## FIRE AND OTHER PERILS EXCLUDING BURGLARY

CLA	IM NO:	POLICY NO:	AGENT:		
INSL	JRED:				
ADD	RESS:				
TELEPHONE NOS.: HOME # MOBILE #: OFFICE					
EMA	IL ADDRESS:		FAX #		•
	AN AN	SWER MUST BE GIVEN TO EACH OF THE FO	LLOWING QUESTIONS		
1	What was the nature of the	e occurrence? (e.g. "Fire")			
2.	When did it take place? Da	When did it take place? Date: Time:			
3.	At what address did the los	ss occur?			
4.	Describe briefly what happ	ened and the resultant damage			
5.	Were the premises occupion	ed at the time of loss?		YES	NO
	If not, on what date and at				
6.	What do you believe was the	ne cause?			
7.		eing used for?			
8.	a. Has the loss been report		NO		
	b. If 'YES', on what date a				
	c. Name and number of in	vestigating Officer			
9.	a. Are you the sole owner of the Property damaged or destroyed?				_ NO
	b. If 'NO', give full particula	rs of other interest			
10.	At the time of the occurr you or anyone else?		_ NO		
	b. If 'YES', give full particula	ars			
11.	a. Have you had any other le	osses of a similar nature?		YES	NO
	b. If 'YES', give full particula	rs			
		THE DETAILS REQUIRED OVER-LEAF MU	ST BE GIVEN		
prop	erty and insured under the abo	is a true and accurate statement and that the art ove Policy or Policies, were lost or damaged by the by claim from M & C General Insurance Compa	he stated occurrence accor		
C:	atura of Claimant		Deter		

### INSTRUCTIONS TO BE OBSERVED IN COMPLETING THIS FORM

If your Claim is in respect of BUILDINGS, attach a Builders' Estimate, obtained at your own expense, for the Cost of restoring the Building to the same state as it was in immediately before the occurrence - no contemplated improvement may be included in the Estimates.

If the Claim is for CONTENTS, a complete list of the Articles destroyed or damaged must be given. Against each item please state:

- 1. The original Cost Price Column (1)
- 2. The value immediately before the occurrence (after due allowance for Wear and Tear) Column (4)
- 3. The value, if any, after the occurrence, or "Value of Salvage" Column (6)
- 4. Enter the difference between Column (4) & Column (6) in Column (7)

If the Claim is for STOCK IN TRADE, the COST PRICES of the items claimed (i.e. after deduction of all Discounts and Trade Allowances for Cash Payments) must be submitted.

If the Policy is on a REINSTATEMENT BASIS, the following information must be declared.

- 1. The original Cost Price Column (1)
- 2. The Current Cost or Replacement Price if irrepairable Column(3) or the estimated repair Cost if the item is repairable Column(5)
- 3. The value of any salvage Column (6)
- 4. Enter the net amount of the loss Column (3) Less Column (6); or Column (5) in Column (7)

### PARTICULARS OF PROPERTY DAMAGED OR DESTROYED

Item No. Description	(1) Original Cost Price	(2) Date of Purchase	(3) Current Replacement Cost	(4) Replacement Cost Less Allowance for Wear and Tear	(5) Est. Repair Cost	(6) Salvage Value	(7) Net Amount Claimed

PLEASE APPEND ADDITIONAL SHEETS, IF NECESSARY