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## ALL RISKS CLAIM FORM

**EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY**

Policy No.: \_\_\_\_\_ Claim No.: \_\_\_\_\_

Insured \_\_\_\_\_

Address \_\_\_\_\_

Telephone Nos.: \_\_\_\_\_ Business: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

1. When and where did the loss or damage occur? Date \_\_\_\_\_ Time: \_\_\_\_\_ A.M. P.M.  
mm/dd/yy

Address: \_\_\_\_\_

2. State the full circumstances of the loss or damage \_\_\_\_\_

\_\_\_\_\_

3. Have you notified the police?  YES  NO

If 'YES', when and where \_\_\_\_\_

\_\_\_\_\_

4. Have you taken any other steps to recover the lost property?  YES  NO

If 'YES', give details \_\_\_\_\_

\_\_\_\_\_

5. Are you the sole owner of the property lost or damaged?  YES  NO

If 'NO', give full details of other interests \_\_\_\_\_

\_\_\_\_\_

6. Were there at the time of the loss or damage any other existing Insurances on the said property with any other Insurer, whether effected by you or any other person?  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 insured by this Policy?  YES  NO

If 'YES', give full details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE DETAILS REQUIRED OVERLEAF MUST BE GIVEN**

**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

I/We the undersigned, do hereby declare that, to the best of my/our knowledge and belief, the foregoing particulars are true and correct.

Signature of Insured/Claimant \_\_\_\_\_  
If Company Please Affix Company Stamp

Date \_\_\_\_\_  
mm/dd/yy