

## Catastrophe Claim Form

Policy No: \_\_\_\_\_ Type and Date of Loss: \_\_\_\_\_ Claim No: \_\_\_\_\_

Insured: \_\_\_\_\_ Tel. No. Home / Mobile: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**AN ANSWER MUST BE GIVEN TO EACH OF THE FOLLOWING QUESTIONS**

1. Loss Location: \_\_\_\_\_  
**(With directions)**

\_\_\_\_\_

2. Were the premises occupied at the time of the loss? YES  NO   
 If not, when were they last occupied? \_\_\_\_\_

3. What were the premises being used for? \_\_\_\_\_

4. Are you the sole owner of the property? YES  NO   
 If not, give particulars of other interest \_\_\_\_\_

5. Are there any other insurances on the property whether effected by you or anyone else? YES  NO   
 If yes, give full particulars \_\_\_\_\_

Give brief description of damage: \_\_\_\_\_

I do hereby declare that the above is a true and accurate statement with respect of the above loss.

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

ADJUSTER: \_\_\_\_\_ DATE APPOINTED \_\_\_\_\_

GUARDIAN'S PPN: \_\_\_\_\_

**COMPANY'S COPY**

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**FOR OFFICIAL USE ONLY**

**REPORT RECEIPT**

**Catastrophe Code:** \_\_\_\_\_

INSURED \_\_\_\_\_

AGENT/BROKER: \_\_\_\_\_

LOSS LOCATION: \_\_\_\_\_

CONTACT INFO: \_\_\_\_\_

PERIOD OF INSURANCE: \_\_\_\_\_

SUM INSURED: BUILDINGS: \_\_\_\_\_

CONTENTS: \_\_\_\_\_

SPECIFIED ITEMS: \_\_\_\_\_

STOCK: \_\_\_\_\_

FFF: \_\_\_\_\_

OTHER: \_\_\_\_\_

DATE REPORT RECEIVED: \_\_\_\_\_

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Postal Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**AN ANSWER MUST BE GIVEN TO EACH OF THE FOLLOWING QUESTIONS**

1. Loss Location: \_\_\_\_\_  
(With directions) \_\_\_\_\_
  
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If not, when were they last occupied? \_\_\_\_\_
  
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- Give brief description of damage: \_\_\_\_\_

I do hereby declare that the above is a true and accurate statement with respect of the above loss.

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

ADJUSTER: \_\_\_\_\_ DATE APPOINTED \_\_\_\_\_

GUARDIAN'S PPN: \_\_\_\_\_

**ADJUSTER'S COPY**

**Catastrophe Code:** \_\_\_\_\_

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INSURED _____	AGENT/BROKER: _____
LOSS LOCATION: _____	CONTACT INFO: _____
PERIOD OF INSURANCE: _____	
SUM INSURED: BUILDINGS: _____	CONTENTS: _____
SPECIFIED ITEMS: _____	STOCK: _____
FFF: _____	OTHER: _____

DATE REPORT RECEIVED: \_\_\_\_\_

SCHEDULE ATTACHED? YES  NO

DATE REPORT RECEIVED: \_\_\_\_\_