BCIC
An affiliate of VICTORIA MUTUAL

Head Office: 36 Duke Street, Kingston, Jamaica. Tel: 876- 922-1260, 876-922-6669, 876-922-2546; Fax: 876 922-4475

CATASTROPHE CLAIM FORM

(To be used only in the event of catastrophes e.g. Hurricane or Earthquakes)

CLAIM NO: .....

VMBS ACCOUNT NO. & BRANCH: .....

POLICY NO: ..... SUM INSURED: .....

POLICY PERIOD: .....

NAME OF INSURED: .....

INSURED'S POSTAL ADDRESS .....

TELEPHONE NOS: (W) ..... (H) ..... (C) .....

TRN: .....E-Mail(s) .....

NAME, ADDRESS & TELEPHONE NO. OF CONTACT PERSON (IF DIFFERENT FROM INSURED) .....

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DATE OF LOSS: .....

ADDRESS OF LOSS: .....

GIVE SPECIFIC DIRECTIONS TO LOSS LOCATION .....

DESCRITION OF LOSS/DAMAGE.....

.....

.....

.....

Estimate attached?	Yes	No
NB. Estimate of Repairs to be obtained urgently		

ESTIMATED COST OF REPAIRS IF KNOWN: .....

PLEASE SUBMIT WRITTEN ESTIMATE AS SOON AS POSSIBLE

FOR WHAT PURPOSE(S) WAS THE PREMISES OCCUPIED AT THE DATE OF THE LOSS? .....

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IF THERE IS MORE THAN ONE BUILDING, PLEASE DESCRIBE DAMAGE TO EACH BUILDING .....

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IS THE INSURED THE SOLE OWNER OF THE PROPERTY? .....

If not, please state full particulars of any other interested party e.g. Mortgagee .....

Give full particulars of any other existing Insurance on the Property whether effected by the Insured or by any other person, **If no such Other Insurance, write 'NONE'**

Insurance Company:

Name of Insured:

Sum Insured

I declare the above information to be true and correct.

Signed: ..... **Dated:** .....