

**CATASTROPHE CLAIM FORM**

Account No.																				
Policy No.																				

VAT No. ....  
Agent ..... Claim No. ....  
Name .....  
Address ..... Tel No. ....  
Email Address ..... Cell No. ....

<p>1. Date and nature of incident.</p>	
<p>2. Address of the premises where the damage occurred.</p>	
<p>3. (a) for what purposes (e.g. Private dwelling, shop, Factory, etc.) were the premises occupied at the date of the damage?   (b) If any alteration in risk had taken place since policy was issued or last endorsed, please give details.</p>	
<p>4. (a) Does the property in respect of which the claim is made belong solely to you?   (b) If not, please give full name of any other party interested therein.</p>	
<p>5. (a) Are there any other insurances on the property, whether effected by you or by any other party?   (b) If so, please give name of Company, Policy No. and amount insured, if known.</p>	
<p>6. (a) Have you previously suffered loss from a similar cause in these or other premises?   (b) If so, please give details</p>	

I/We do hereby declare that the above is a full, true and accurate statement, and I/we further declare that the property mentioned on the reverse hereof, which belongs to me/us and which is insured under the above-named Policy or Policies, was destroyed or damaged as aforesaid according to the extent and values stated; wherefore I/we claim the sum of the amount thereof.

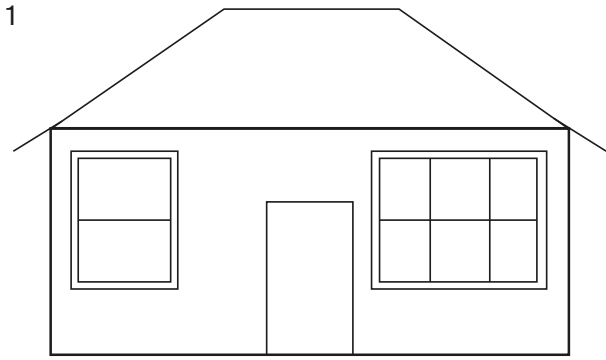
Signature of insured .....  
Address .....  
.....  
Date .....

Premium Paid Y		N	
Sum Insured			
Building	\$		
Contents	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
Reinst.		Indemnity	
Deductible	%		
Deductible	min\$		
Adjuster			
Date Instr.			

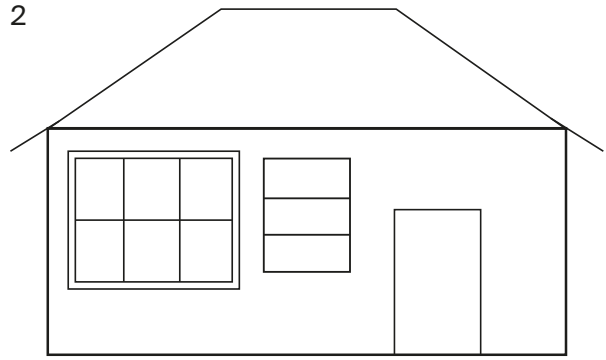
(Please turn over)

**BUILDINGS.** The Claim should be by a Trademan's Estimate, obtained at INSURED'S expense of the cost of putting the Building into the same state as it was in immediately before the damage; Improvements should not be included in such estimate

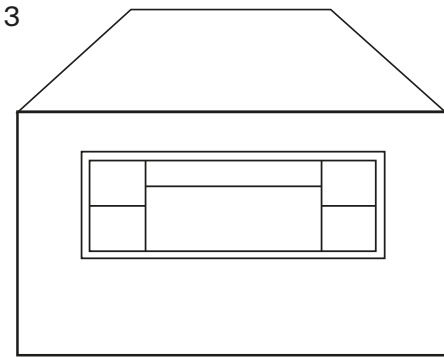
Please indicate below areas of damage.



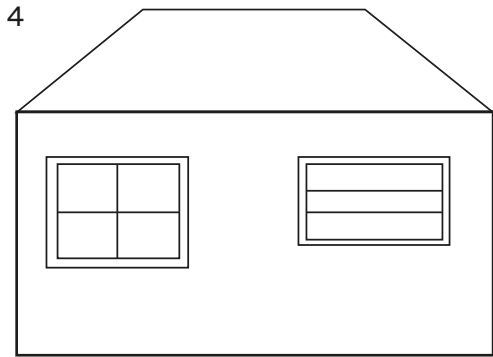
**FRONT ELEVATION**



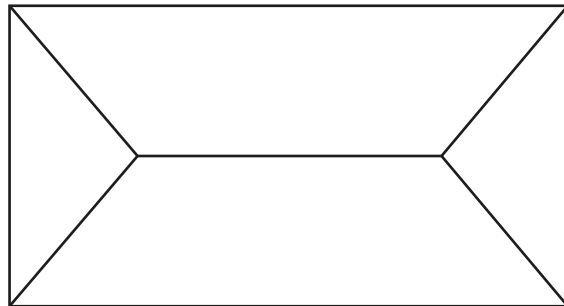
**REAR ELEVATION**



**RIGHT ELEVATION**



**LEFT ELEVATION**



**ROOF ELEVATION**

**CONTENTS:** It is essential to give full list of the articles destroyed or damaged, with full particulars set out below

Number of Articles	Description of Articles destroyed or damaged	Date of Purchase	Replacement Cost

If necessary please use additional sheet

