Head Office 1 Gray Street, Port of Spain

CATASTROPHE CLAIM FORM

Information furnished will be treated as strictly private and confidential.

Kindly answer ALL questions, leaving no blanks. The form must be completed, dated and signed by the Proposer. All the information given below must be true, complete and correct. All material information must be disclosed, whether the information is asked for or not. Material information is information that might influence our decision to insure you and on what terms and conditions; if in doubt you should disclose all facts. Your duty to disclose occurs at the time of proposing for insurance, during the term of the policy, if there are any changes or variation in the information given and at each renewal. Failure to disclose all material information will entitle Gulf to void your policy and as such you will not be insured and any claims made will not be paid.

_____ (Proposer's Signature)

Policy No	Type of Loss	Date of Loss	Claim No.

Insured Name	Email	Home No.	Work No.	Cell No.

Address 1	Address 2

Town/City	Country

What is the Age of the building?	What is the total Amount being Claimed?

What is the total cost price value of Stock damaged or destroyed?

You must submit a detailed list of the items together with bills, invoices, sales receipts, photographs, etc. to support the values being claimed

- If your policy is arranged on a Reinstatement basis, the value in the "Amount Claimed" column below the same as the value stated in the "Current Repair/Replacement Cost" column.
- If your Policy is arranged on an Indemnity basis, the value in the "Amount Claimed" column should be based on the value in the "Current Repair/Replacement Cost" column below, less deductions for age, wear and tear, and salvage (where applicable).

Item No	Description	Date of Purchase	Current Repair/Replacement Cost	Amount Claimed

PLEASE APPEND ADDITIONAL SHEETS IF NECESSARY

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I declare that to the best of my knowledge and belief, the information to be provided by me is true and correct, and that I will not withhold any information connected with this claim being filed by me.

I understand that Gulf Insurance Limited requires the information in this form as part of its review of the claim being filed by me.

I am aware that failure by me to provide information that is true and correct, or which I believe may not be true and correct, or withholding information relevant to this claim may result in Gulf Insurance Limited denying or voiding my claim, and/or pursuing criminal actions and/or civil proceedings against me in accordance with the relevant laws of the land.

Insured's Signature ..... **Date ……..**