Gulf
A MEMBER OF THE Assuria Group

Head Office: 1 Gray Street, Port of Spain

FIRE & EXTRANEOUS PERILS CLAIM REPORT FORM

Information furnished will be treated as strictly private and confidential.

1. Policy No _____
2. Claim No. _____
3. Insured Name _____
4. Address _____
5. Contact No. _____
6. Email Address _____
7. What was the nature of the occurrence? _____
8. Date and Time of Loss _____ _____ ☐ A.M. ☐ P.M
9. At what Address did it take place? _____
10. For what purposes were the Premises being used at date of occurrence? _____
11. Were the premises occupied at the time of loss? ☐ Yes ☐ No
    If not, on what date were they last occupied? _____
12. Describe briefly what happened and the resultant damage, and state what you believe caused it to happen

13. Were the Police informed? ☐ Yes ☐ No
    If so, date and place of notification Date: _____ Place of Notification: _____
14. Were the premises and their occupation at the time of the occurrence exactly as describe in the Policy? ☐ Yes ☐ No
    Has any element of risk been introduced which was not allowed by the Policy? ☐ Yes ☐ No
15. Is the Claimant the sole owner of the property damaged or destroyed? ☐ Yes ☐ No
    If not, state full particulars of any other interest _____
16. Were there at the time of the occurrence any other existing Insurance on the said Property, with any other Company or Insurer, whether effected by the Claimant or by any other person? ☐ Yes ☐ No
    If so, state full particulars _____
17. Have you ever experienced a similar loss? ☐ Yes ☐ No
    If so, give dates and state the amount of the loss

Date of Loss	**Amount**

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PLEASE COMPELTE WITH FULLEST PARTICULARS

No.	Description	Date of Purchase	Net Amount Claimed

PLEAE APPEND ADDITIONAL SHEET, IF NECESSARY

I/We _____ of _____

do hereby declare that the particulars supplied in this form are true in every respect, and that I/We have withheld no information Material to the Claim, and I/We hereby claim for loss or damage as set out in the schedule hereto, amounting to $_____ and I/We hereby declare that no other person has an interest in the said property and that it is not otherwise insured.

Date: _____

_____

Signature of Insured/Claimant

If Company, please affix Company stamp