



STATE INSURANCE COMPANY LIMITED

Live in a better State of mind
Redcliffe Street, P.O. Box 290, St. John's, Antigua. W.I.
(268) 481-7800/1/2/3/4 • info@sicantigua.com • sicantigua.com

GENERAL CLAIM FORM

CLAIM NUMBER.....

POLICY No.....PERIOD OF INSURANCE..... TO.....

INSURED .....OCCUPATION.....

PRIVATE ADDRESS ..... TEL NO.....

BUSINESS /ADDRESS..... TEL NO.....

SUM INSURED.....

- 1. Date and time when loss occurred.....
2. Address of premises where loss occurred.....
3. By whom discovered.....
4. Full particulars of how loss or damage occurred and what caused the loss .....
5. For what purpose was the premises used at the date of damage .....
6. If any alterations in risk and take place since the policy was effected or last endorsed please give details .....
7. Were the premises occupied at the time.....
8. If not at what date and time were they last occupied.....
9. For how long have the premises been occupied since the policy was effected or last renewed.....
10. Are you the owner of the premises or responsible for repairs .....
11. Is there evidence of forcible entry on the premises .....
12. Were the police notified ? at what station? .....
13. Are there any other insurances on the property whether effected by you or any other party .....
14. If so, please state name of company Policy No. and amount .....
15. Have you ever before sustained a loss of this nature? If so please give details .....
16. Is there any other person financially interested in the property as owner, mortgage, trustee or otherwise .....
17. Total amount claimed from company.....

I / We do hereby declare that the above is a true and accurate statement and I/ We further declare that the property mentioned in the attached sheets 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; whereof I/ We claim the sum of the amount thereof.

DATE:

..... Signature of Insured

