



## Catastrophe Claim Form

Policy No:	Type and Date of Loss:	Claim No:
Insured:	Tel:	Home:
Postal Address:		Work:
Email Address:		Cell:

### INSTRUCTIONS ON HOW TO SUBMIT YOUR CLAIM

- 1) This form together with all supporting documents such as invoices or bills, receipts and a details cost estimate (where required) should be obtained at your expense and returned to us as per your Policy Conditions.
- 2) If your policy is arranged on an Indemnity basis (i.e. current market value), you should make allowances for depreciation of the items claimed for, due to age, wear and tear, and salvage (where applicable).
- 3) Where your policy is arranged on a Reinstatement basis, you should indicate the current cost of repairing or replacing the items as though they were new.

**NOTE that your Policy Conditions require that your statement of claim together with all other supporting documents MUST be delivered to us within a reasonable time of the date of loss unless stated otherwise. The company has the right to appoint an adjuster to visit the loss location.**

### PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS. DO NOT LEAVE ANY BLANK.

1)	Were the Premises occupied at the time of the loss?  <input type="checkbox"/> Yes <input type="checkbox"/> No
2)	Are you the sole owner of the property? If not, give particulars of other interest (e.g. mortgagee):  <input type="checkbox"/> Yes <input type="checkbox"/> No
3)	Are there any other insurances on the property whether effected by you or anyone else? If yes, give full particulars:  <input type="checkbox"/> Yes <input type="checkbox"/> No

**PARTICULARS OF PROPERTY DAMAGED OR DESTROYED**

**A) BUILDINGS:**

1. What is the age of the Building?.....

2. What is the total amount being claimed? \$.....  
(You must submit detailed cost estimates)

**B) STOCK:**

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)

**C) CONTENTS/FURNITURE, FITTINGS, FIXTURES/PLANT, MACHINERY, EQUIPMENT:**

1 If your Policy is arranged on a Reinstatement basis, the Amount Claimed in column (5) below will be the Current Repair/Replacement Cost stated in column (4).

2 If your Policy is arranged on an Indemity basis, the Amount Claimed in column (5) should be based on the Current Repair/Replacement Cost stated in column (4) less deductions for age, wear and tear, and salvage (where applicable).

(1) Item No.	(2) Description	(3) Date of Purchase /Age of Item	(4) Current Repair /Replacement Cost	(5) Amount Claimed

**PLEASE APPEND ADDITIONAL SHEETS IF NECESSARY**

I hereby claim from Gulf Insurance Limited the total sum of \$..... which I declare to the best of my knowledge is the true and accurate cost of repair/ replacement of my Property which was lost or damage as a direct result of the above-noted occurrence.

Signature of Insured:.....

Date: .....