

HURRICANE LOSS CLAIM FORM
& DECLARATION BY INSURED

Date of Loss: _____
Claim No. _____

Name of Insured	
TRN	
Telephone numbers	
Address	
E-mail address	
Address of property destroyed	
Describe the property destroyed	
Please state estimated amount of loss	
Describe briefly what happened and the resultant damage and state what you believe caused it to happen.	
Were the premises occupied at the time of the loss? If not, please give period of unoccupancy.	
State precisely the purpose for which the premises were being used at the time of the loss.	
Are there any other insurances on the said property with any other insurer; whether effected by the claimant or any other person? If so, state full particulars. If not, please write "NO"	
Give dates of any previous claims of a similar nature you have had in connection with these or any other premises, and state the amount collected from Insurer(s). If none, write "NONE"	
Please give the i) location and ii) estimated value of any salvage	

I DECLARE that these particulars including those on the reverse side are TRUE and COMPLETE and I am aware that I must submit my detailed estimate/claim within 30 days of the event

DATED: _____ Signature of Insured or Attorney: _____

The Information on the reverse of the form must be completed and is a part of the declaration made by you above.

INSTRUCTIONS TO BE OBSERVED IN COMPLETING THIS FORM

If the claim be in respect of BUILDINGS, the claim must be accompanied by two Builders' Estimates, obtained at the Insured's own expense, of the Cost of repairing the Building in accordance with the Policy terms.

If the claim be in respect of CONTENTS, a full list of Articles destroyed or damaged must be given and against each item must be declared:

1. - their original Cost price
2. - their value immediately before the occurrence (after making due allowance for "wear & tear")
3. - their value (if any) after the occurrence, or "Value of Salvage"
4. - their difference between 2 & 3, which will be the net amount of loss sustained.

[illegible]

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DATED: _____ Signature of Insured or Attorney: _____