



TRINRE

Reinsurance Company of Trinidad and Tobago Limited

69 Edward Street, P.O. Box 1087, Port of Spain

Trinidad and Tobago, West Indies

TELEPHONE: (868) 623-1204

FAX: (868) 623-1205

“ALL RISKS” CLAIM FORM

Claim No. _____

Name of Insured _____

Address of Insured _____

Telephone Nos.: Home _____

Business _____

Policy No. _____

Renewal Date _____

1. When and where did the loss or damage occur? _____

Time _____ a.m./p.m. Date _____

Address _____

2. State the full circumstances of the loss or damage _____

3. Have you notified the Police? YES NO

If 'YES', when and where _____

4. Have you taken any other steps to recover the lost property? YES NO

If 'YES', give details _____

5. Are you the sole owner of the property lost or damaged? YES NO

If 'NO', give full details of other interests. _____

6. Were there at the time of the loss or damage any other existing Insurance on the said Property with any other Insurer, whether effected by you or any other person? YES NO

If 'YES', give full details of other Insurances. _____

7. Have you sustained any loss during the last five years in respect of the risks insured by this Policy? YES NO

If 'YES', give full details _____

THE DETAILS REQUIRED OVERLEAF MUST BE GIVEN

I do hereby declare that the above is a true and accurate statement and that the articles mentioned on the other side, being my property and insured under the above Policy or Policies, were lost or damaged by the stated occurrence according to the extent and values detailed overleaf, and I hereby claim from REINSURANCE COMPANY OF TRINIDAD AND TOBAGO LIMITED the sum of \$

Signature of Claimant _____

Date _____

