



SECTION 1 DETAILS OF POLICYHOLDER

Full Name of Insured(s) \_\_\_\_\_ Policy No. \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Do you have any previous claims of a similar nature that you have made in connection with this or any other premises?  Yes  No

If Yes, when (dd/mm/yy) \_\_\_\_\_ Amount of loss \_\_\_\_\_

SECTION 2 DETAILS OF LOSS/DAMAGE

1. Date of loss/damage (dd/mm/yy) \_\_\_\_\_ Time of loss/damage \_\_\_\_\_ am/pm

2. Where did the loss/damage happen? \_\_\_\_\_

3. How did the loss/damage happen? (If theft from a building, include details of how entry was gained.) \_\_\_\_\_

\_\_\_\_\_

4. For what purposes were the premises being used at the date of the loss/damage? \_\_\_\_\_

\_\_\_\_\_

5. Were the premises and their use at the time of the loss/damage exactly as described in the Policy?  Yes  No

6. Had any element of risk been introduced which is not allowed by the Policy?  Yes  No

7. Were Police notified of the loss/damage? (Loss due to Theft/Malicious Damage must be reported.)  Yes  No

If Yes, when (dd/mm/yy) \_\_\_\_\_ am / pm Name of Officer \_\_\_\_\_

At which Police Station? \_\_\_\_\_  Police report attached

8. Is the Claimant the Sole Owner of the Lost/Damaged property?  Yes  No

If No, to whom does this property belong? \_\_\_\_\_

9. Is the property insured only by this Company?  Yes  No

If No, please provide the following details: Insurer \_\_\_\_\_ Policy No. \_\_\_\_\_ Sum Insured \$ \_\_\_\_\_

SECTION 3 PARTICULARS OF CLAIM - BUILDING DAMAGE

This Claim must be accompanied by two Builder's Estimates showing the cost of putting the building into the same state as it was in immediately before the occurrence - No improvements may be included in such estimates.

Estimates attached

If you are still awaiting estimates, do not delay sending us this form. Please tick box if estimates are being obtained and are to be sent later:

Estimates being sent

### SECTION 4 PARTICULARS OF CLAIM - CONTENTS OR VALUABLES

A full list of the articles Lost/Damaged, including all requested details, must be provided below. Use an extra sheet if necessary.

No.	Description of Item	Original Cost Price of Item Lost/Damaged	Date of Purchase	(A) Est. Value prior to Loss/Damage	(B) Est. Value after Loss/Damage	Claim Amount (A) - (B)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

In the case of Claims for Stocks-in-Trade, Cost Price (after deduction of all discounts and trade allowances for cash payments) are alone recognised in estimating sound values.

### SECTION 5 DECLARATION BY THE CLAIMANT

I/We declare that the above statements and particulars are complete and correct to the best of my/our knowledge, and no material fact has been misrepresented, misstated or withheld. I/We hereby agree to immediately declare any additional details or any subsequent change in circumstances that may affect the accuracy of the information. If this form has been completed by anyone else, that person is my/our agent for that purpose and not the agent of BritCay Insurance. (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)

Policyholder Name \_\_\_\_\_ Policyholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Policyholder Name \_\_\_\_\_ Policyholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Policyholder Name \_\_\_\_\_ Policyholder Signature \_\_\_\_\_ Date \_\_\_\_\_

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