BAHAMAS FIRST GENERAL

Insurance Company Limited

HOME POLICY CLAIM FORM

Insurer: BAHAMAS FIRST GENERAL INSURANCE COMPANY

Claim Number:

Policy Number:

Insured:

Address:

Phone: Phone: Phone:

Email:

Date of Birth:

Driver's License Number:

National Insurance Number:

Occupation:

Details of Loss

Date: Time:

Type of Loss: LIGHTNING

If other, please advise:

Have you ever sustained any loss or damages to the insured property? NO

If yes, when & circumstances:

Was the premises unoccupied at the time of the loss: NO

If yes, please give details:

Are you the owner of the premises, or responsible for repairs? YES

If tenant, is the responsibility imposed by lease? NO

Name and address of any witnesses:

Give full circumstances giving rise to the loss or damage:

Is the property for which you are claiming insured under another policy, e.g., a policy affected by you or another party under an All Risks, Burglary, Office Renters, etc? NO

If yes, give details:

Is there a mortgage involved? YES

If yes, give details:

Have you taken photos of the damage? NO

If so, please email them to: tbethel@abacoinsurance.bs.

Have repairs been undertaken? NO

If Yes, please give details and email receipts to: tbethel@abacoinsurance.bs.

Complete only where items are lost or stolen

Have the Police been notified? NO

If so, what Station?

If Theft, how was entry gained to the premises?

If there is no evidence of Theft or a forcible entry to the premises, has a thorough search been made for the missing articles? NO

If the premises was unoccupied, at what time and when were they last occupied or visited?

List of Items Lost - Stolen - Damaged

(Attach Receipts)

Description	Amount

Other Items:

Declaration:
I/We declare that the statements given above are true and to the best of my/our knowledge and I/We claim the amount stated above in respect to the property mentioned.

Signature: **Date:**

Disclaimer:- I agree that the claims advisor/examiner has explained the claims process and that I/We, the Insured/Claimant understand the process and procedures to be undertaken to bring this matter to conclusion based on the parameters that were explained. I also agree that any information obtained may be shared, where necessary, to any party in determining the circumstances of this loss, in accordance with the Data Protection Act.

Signature: **Date:**

SAVE SUBMIT