



Caribbean Alliance House
Cnr. Newgate & Cross Streets
P.O. Box 1609, St. John's
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PROPERTY - CATASTROPHE CLAIM ADVICE FORM

Insured:				Mortgagee:			
Address:				Tel. No.		Fax. No.	
Date of Loss:				Cause of Loss			
Policy No.				Class: HI <input type="checkbox"/>		MD <input type="checkbox"/>	
						BI <input type="checkbox"/>	
Item(s) Insured: 1				Sum Insured: \$			
2				\$			
3				\$			
4				\$			
5				\$			
Give brief description of & direction to Property:							
Damage To:							
A Building	Yes	No	Minor	Moderate	Severe		
B Contents	Yes	No	Minor	Moderate	Severe		
Contact Person:				Time Available			
Address:				Tel. No. W		H	
Loss reported by:							
Remarks							
OFFICIAL USE ONLY							
Premium Paid \$		Date Paid		Premium Outstanding \$			
Adjuster / Firm				Date Appointed:			