

Caribbean Alliance Insurance Company Limited
REGISTERED HEAD OFFICE
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Home Insurance Claim Form Claim No.

Name of Insured		Address	Address	
Policy No		Tel. No. H	W	
Date of Loss		Fax. No	Fax. No	
Cause of Loss - Give Brief details of the circumstances				
Location of Property Affected				
	BUILDING	CONTENTS	TOTAL	
State Value of:				
Sums Insured on				
Amount Claimed				
I/We do hereby solemnly and sincerely declare that: 1 The claim is made by me/us as (Owner/Mortgagee) 2 No persons are interested in the said property except (Myself, Ourselves & the name of Mortgagee				
3 To the best of my/our knowledge the particulars given above are correct. Yes No □				
4 I/We have in no manner caused the said Loss, or by in any fraud or willful misrepresentation sought unjustly to benefit thereby.				
DATE THIS DAY OF Signature of Claimant				
Address_				
Note: It is important to complete all sections of this form. Claims in respect of damage to building should be accompanied by a builder's estimate Claims in respect of damage to contents should be shown overleaf				