



Claim No

**INSURANCE MANAGEMENT****Tropical Storm/Hurricane Dorian – Claim Form**

Policy Number

Date of loss

Insured

Contact name

Tel (Home)

Work

Cell

Location of damage

Please give address  
directions, colour of  
property

Is the property habitable after the damage

Yes

No

Is there any other insurance on the property

Yes

No

Is there a mortgage on the property

Yes

No

Name of Mortgage Provider

Brief details of  
damageDid you have damage in  
Hurricane Matthew?

Yes

No

Repairs  
completed

Yes

No

**DECLARATION****I confirm that these details are true and correct**

Signed

Dated

**FOR OFFICE USE ONLY**

Average Applied

Yes

No

Premium Paid

Yes

No

Policy Cover

Buildings

\$

Stock

\$

Contents

\$

Other

\$

Specify

Vehicle

\$

Other

\$

Specify

Deductible

2%

5%

Initial Reserve

\$

(tick correct box)

4%

Other

10%

Identity of Adjuster appointed

Date of appointment

Completed by (name)

Reviewed by (name)