



GUARDIAN GENERAL INSURANCE LIMITED

Newtown Centre, 30-36 Maraval Road Newtown, Port of Spain Tel: (868) 625-GGIL Fax: (868) 622-9994 Website: www.ggil.biz

Catastrophe Claim Form

Policy No: _____ Type and Date of Loss: _____ Claim No: _____
 Insured: _____ Tel. No. Home _____
 Postal Address: _____ Office _____

AN ANSWER MUST BE GIVEN TO EACH OF THE FOLLOWING QUESTIONS

- Loss Location: _____
(with directions) _____
- Were the premises occupied at the time of the loss? YES NO
If not, when were they last occupied? _____
- What were the premises being used for? _____
- Are you the sole owner of the property? YES NO
If not, give particulars of other interest _____
- Are there any other insurances on the property whether effected by you or anyone else? YES NO
If yes, give full particulars _____
Give brief description of damage: _____

I do hereby declare that the above is a true and accurate statement with respect of the above loss.

Signature of Insured: _____ Date _____

FOR OFFICIAL USE ONLY

Catastrophe Code: _____

MTGEE./PAYEE _____ AGENT/BROKER: _____

DATE REPORTED: _____ AVERAGE APPL.: YES NO TREATY CODE: _____

PERIOD OF INSURANCE _____ PREMIUM PAID: YES NO EXCESS _____

SUM INSURED: BUILDINGS: _____ CONTENTS: _____

SPECIFIED ITEMS: _____

POLICY COVER: _____ PREVIOUS LOSSES: _____ AMT PAID _____

ADJUSTER: _____ DATE APPOINTED _____

CO-INSURERS	PPN.	FAC. REINSURERS	PPN
GGIL			
PAYMENT RECORD		RESERVES	
PAYEE	DATE PAID	AMOUNT	DATE

RETENTIONS: GROUP: _____ 1ST SURP: _____ 2ND SURP: _____ FAC: _____ OTHER _____

CATAS/F-001/10

COMPANY'S COPY