

The Tatil Group TRINIDAD AND TOBAGO INSURANCE LIMITED TATIL LIFE ASSURANCE LIMITED 11 Maraval Road, Port of Spain, Trinidad and Tobago, W.I. P.O. Box 1004 Tel: (868) 628-2845 or (868) 622-5351-8 Fax: (868) 628-6545 or (868) 628-0035

FOR OFFICIAL	USE ONLY
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- Producer Name
- Branch

Claim Number Adjuster Name

LOSS OF OR DAMAGE TO PROPERTY CLAIM FORM Please give complete answers to all questions

IMPORTANT - YOU ARE ADVISED TO READ CAREFULLY THE CONDITIONS OF YOUR POLICY AS IT CONTAINS SPECIFIC REQUIREMENTS WHICH MUST BE LITERALLY COMPLIED WITH BEFORE SUBMISSION OF A CLAIM. THIS FORM SHOULD BE COMPLETED AND FORWARDED TO THE COMPANY ALONG WITH FULL PARTICULARS OF THE CLAIM AS SOON AS POSSIBLE AFTER THE OCCURRENCE AND IN NO CASE LATER THAN THE TIME SPECIFIED IN THE POLICY.

Policy Number And Type of Policy						
Name of Insured	Email Address:					
Postal Address		Telephone:				
Address where loss occurred		Telephone:				
For what purposes were the Premises being used?						
Were the premises occupied at the time of loss? If not, when and by Whom were they last occupied?						
Describe fully any alteration in risk (physical or otherwise) which took place during the relevant period of insurance.						
What was the nature of the occurrence? (e.g. fire, flood, theft)						
When did it take place?	Date:	Time:	am/pm			
Describe briefly what happened and the resultant damage?						
What do you believe caused or contributed to the loss?						
Do you have reason to suspect any particular person? Please give name and address of any such person?						
Please give details of Police or Fire Station where the loss was Reported.	Date: Address:	Name & Number of Officer:				
Please give name and address of any other party having an interest in the property (e.g. mortgage, hire purchase, joint-ownership).						
Please give full particulars of all other insurances on the property whether effected by you or anyone else?						
Please give full particulars of any other losses of a similar nature sustained by you at these or any other premises?						

PARTICULARS OF PROPERTY DAMAGED OR DESTROYED

Description of Property	Date of Purchase	Original Cost Price	Value at time of loss	Cost of Repairs	Value of Salvage	Net Amount Claimed
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	of	of of	Description of Property Date of Purchase Original Cost Price Image: Ima	Description of Property Date of Purchase Original Cost Price Value at time of loss Image: Ima	Description of Property Date of Purchase Original Cost Price Value at time of loss Cost of Repairs Image: Cost Price Image: Cost Image: Cost Image: Cost Price Image: Cost Image: Cost	Description of Property Date of Purchase Original Cost Price Value at time of loss Cost of Repairs Value of Salvage Property Purchase Income of Purchase Income

PARTICULARS OF PROPERTY DAMAGED OR DESTROYED

I/WE DECLARE THAT THE PROPERTY DETAILED AND INSURED UNDER THE ABOVE POLICY WAS DAMAGED OR DESTROYED AS STATED AND IN CONSEQUENCE A CLAIM IS HEREBY MADE FOR THE SUM STATED HEREIN. I/WE DECLARE THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE IN EVERY RESPECT.

SIGNATURE OF INSURED
