



**INSURANCE MANAGEMENT
(BAHAMAS) LIMITED**
INSURANCE AGENTS & BROKERS

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PROPERTY CLAIM FORM

- **FOR EVERY CLAIM** COMPLETE SECTIONS A, B, & C.
- IF YOUR CLAIM FOR LOSS OR DAMAGE TO **CONTENTS** COMPLETE SECTION D.
- FOR **BUILDING** DAMAGE COMPLETE SECTION E.
- **MONEY & CREDIT CARD LOSSES** WILL REQUIRE COMPLETION OF SECTIONS F & G RESPECTIVELY.
- IN EVERY CASE REMEMBER TO SIGN AND DATE THE DECLARATION AT THE END OF THE FORM OTHERWISE WE **CANNOT** PROCEED.

MAKING A CLAIM

We appreciate how upsetting events which give rise to a claim can be, so we designed this form to ease you through the information we need to assess your claim quickly and accurately, and point out what additional information we require. Whilst we recommend that you complete this form thoroughly before you return it, if you feel that circumstances may delay its completion for too long, please contact us and we will advise you on how best to proceed.

A. POLICYHOLDERS DETAILS

1. Name: _____
2. Address: _____
3. Telephone: _____(H) _____(W) _____(C)
4. Employer: _____
5. Occupation: _____
(Include part time work)

B. POLICY DETAILS

6. Is this the first notification of this loss? YES NO
7. Policy Number: _____
8. Renewal Date: _____
9. Sums Insured: (a) Buildings - _____
(b) Contents - _____
(c) Other (please specify) - _____

15. **DO YOU HOLD ANY OTHER INSURANCE COVERING THE PROPERTY OR BUILDING INVOLVED IN THIS CLAIM?**
 If Yes, give full details with name and address of the Company and Policy Number.

YES NO

COMPANY: _____

ADDRESS: _____

POLICY #: _____

16. **WERE THE PREMISES OCCUPIED AT THE TIME OF THE LOSS OR DAMAGE?**
 If Yes, by whom?
 If No, give the date and time when last occupied.

YES NO

NAME: _____

DATE: _____

TIME: _____ AM PM

17. **HAVE YOU EVER SUSTAINED ANY LOSS WHETHER INSURED OR NOT OF A SIMILAR NATURE?** If Yes, give details.

YES NO

D. CONTENTS CLAIM

18. **THE PANEL BELOW CAN BE USED TO DESCRIBE ANY ITEM EXCEPT BUILDINGS (SEE SECTION E), MONEY OR CREDIT CARD LOSSES (SEE SECTIONS F & G).**

AN ESTIMATE FOR REPAIR OR SPECIALIST'S CONFIRMATION THAT THE ITEM IS BEYOND REPAIR (IF APPROPRIATE) WILL BE REQUIRED AND IT SHOULD BE ATTACHED TO THIS FORM. OTHERWISE DESCRIBE THE ITEM FULLY IN THE APPROPRIATE COLUMN AND THE CURRENT PRICE OF A COMPARABLE ARTICLE. YOU SHOULD ENCLOSE ANY PURCHASE RECEIPTS THAT YOU HAVE FOR THE ARTICLE(S) IN QUESTION.

DESCRIPTION	DATE OF PURCHASE OR ACQUISITION	COST WHEN PURCHASED OR ACQUIRED	AMOUNT CLAIMED

E. BUILDINGS CLAIM

- 19.
- IF THE CLAIM IS FOR **BUILDING DAMAGE** YOU SHOULD TRY TO OBTAIN MORE THAN ONE ESTIMATE FOR THE WORK.
 - THERE IS NO OBJECTION TO YOU GIVING YOUR OWN INSTRUCTIONS TO REPAIRS WHERE WORK IS REQUIRED URGENTLY TO MAKE THE PREMISES WEATHERPROOF OR SECURE, FOLLOWING DAMAGE CAUSED, FOR EXAMPLE, BY STORM. (IF SO, PLEASE NOTIFY US BY TELEPHONE AT THE EARLIEST OPPORTUNITY).
 - WE WILL SOMETIMES INSTRUCT **INDEPENDENT** LOSS ADJUSTERS TO ASSIST US IN DEALING WITH THE CLAIM. WE WILL LET YOU KNOW WHEN WE DO SO. THE LOSS ADJUSTER WILL CONTACT YOU DIRECTLY TO ARRANGE A MUTUALLY CONVENIENT APPOINTMENT AND WILL THEN CALL TO INSPECT THE DAMAGE AND SORT OUT THE DETAILS OF THE CLAIM. THE ADJUSTER ACTS INDEPENDENTLY AND ONCE THE CLAIM HAS BEEN AGREED WITH YOU A REPORT WILL BE SUBMITTED TO US. ALTERNATIVELY, ON OCCASION WE MAY INSTRUCT A REPRESENTATIVE FROM OUR OFFICE TO CONTACT YOU.
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F. MONEY LOSSES

20. WHO DID THE MONEY BELONG TO? _____
21. WERE ARRANGEMENTS MADE TO 'STOP' CHEQUES OR POSTAL/MONEY ORDERS? YES NO
22. GIVE DETAILS OF ALL MONEY, CHEQUES, ETC., LOST, STOLEN OR DAMAGED. _____
- _____
23. TOTAL AMOUNT _____
-

G. CREDIT CARD USED BY UNAUTHORIZED PERSONS

24. IN WHAT NAME WERE THE CARDS ISSUED?
(IF NOT THE INSURED, GIVE THE NAME AND ADDRESS OF THE HOLDER) _____
25. WAS THE LOSS REPORTED TO THE ISSUING COMPANY WITHIN 24 HOURS OF THE LOSS OR THEFT BEING DISCOVERED? If No, EXPLAIN WHY. YES NO
- _____
- _____
26. GIVE THE NAME AND ADDRESS OF THE ISSUING COMPANY FOR EACH CARD AND STATE THE CARD NUMBER AND THE AMOUNT BEING CLAIMED.

NAME OF ISSUING COMPANY	ADDRESS OF ISSUING COMPANY	CREDIT CARD NUMBER	AMOUNT BEING CLAIMED

27. IS LOSS OF THE CARDS INSURED ELSEWHERE? IF YES, GIVE DETAILS. YES NO
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I/WE HEREBY DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE.

Insured: _____ Date: _____