



INSURANCE CORPORATION OF BELIZE LIMITED

P.O. Box 519, #16 Daly Street, Belize City, Belize Phone: 224-5328/5329 Fax: 223-2786

Claim No. _____

PROPERTY CATASTROPHE CLAIM FORM

GENERAL INFORMATION

Name of Insured: _____

Address of Insured: _____

Loss Location: _____

Direction to above: _____

Policy Details:

Policy Number	Description	Sum Insured

Contact person: _____

Contact #: Home _____ Telephone: _____

Name and Address of any Bank or Company financially interested in the property:

Date and time of occurrence _____ am/pm _____ 20 _____

Cause of Loss: _____

Damage: Roof Contents Wall Other

If other, please state: _____

Are there any other insurances on the property, whether effected by you or any other party? YES NO

(If so, please give name of Company, Policy No. and amount insured, if known:

What was the cause of the damage / loss, and how did it occur?

Claim No.

I/We have taken all practical steps concerning the property lost, damaged or destroyed to prevent further loss, damage or destruction YES NO

I/We do hereby declare that the above is a full, true and accurate statement, and I/we further declare that the property mentioned on the reverse hereof which belongs to me/us and which is insured under the above-named Policy or Policies, was destroyed or damaged as aforesaid according to the extent and values stated; wherefore I/we claim the sum of the amount thereof. I agree that if I have made any false statement or concealed any material fact the claim shall be absolutely forfeited.

The undersigned hereby makes claim for benefits and authorizes any Company or other person to release and furnish INSURANCE CORPORATION OF BELIZE LTD. or its representatives any and all information concerning any damage to property including all estimates, surveys, related documents that same may be included as a part of the proofs of claim submitted to the Corporation.

Please be advised that the Insurance Corporation of Belize reserves the right to record interviews and conversations pertaining to any claim and any such recorded conversation may be used as evidence in civil or criminal proceedings.

Dated _____ Signature of Insured (s) _____ (& Stamp)

Signature of Witness _____
