



INSURANCE CORPORATION OF BELIZE LIMITED

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

“PROPERTY” CLAIM FORM

Policy No: _____

Sum Insured: _____ Contact Number: _____

Name of Insured: _____

1. When did the damage/loss take place? Date _____ Time _____ A.M/P.M.

2. Address of the premises where the damage/loss occurred _____

3. (a) For what purpose (e.g. Private dwelling, Shop, Factory, etc.) were the premises occupied at the state of the damage/loss? _____

(b) If any alteration in risk had taken place since the policy was issued or last endorsed please give details.

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

5. (a) Does the property in respect of which the claim is being made belong solely to you? _____

(b) If not, please give full name of any other party interested therein

6. (a) Are there any other insurances on the property, whether effected by you or any other party?

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

7. (a) Have you previously suffered loss from a similar cause in these or other premises? _____

(b) If so, please give details _____

I/We have taken all practical steps concerning the property lost, damaged or destroyed:

(a) to prevent further loss, damage or destruction _____

(b) to trace/recover lost or stolen property _____

(c) to secure the apprehension and/or conviction of any person(s) responsible for such loss, damage or destruction.

Any loss, damage or destruction is involving or due to a criminal act must be reported to the Police.

Address of Station and No. of Police taking report _____

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 _____

BUILDING

The Claim should be accompanied by a Tradesman's Estimate, obtained at Insured's expense, of the cost of putting the Building into the same state as it was immediately before the damage; Improvements should not be included in such estimate.

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It is essential to give a full list of the articles destroyed or damaged, with the particulars set out below. In the case of Stock the "estimated value immediately before the damage" (column 5) must not exceed the value before sale, i.e. it must not be based on the selling price.

(1) Number of Articles	(2) Description of Property or Articles Destroyed or Damaged	(3) Approx. Date of Purchase	(4) Original Cost Price	(5) Estimated value immediately before the damage, allowing for "wear and tear"	(6) Estimated value after the damage	(7) Amount claimed i.e. the difference between the last two columns

If necessary, kindly attach a separate sheet.