



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.
