



# Home Insurance Policy

## INCIDENT REPORT - LIABILITY PROTECTION

It is essential that all questions are fully answered whether or not a Claim is made against the Policy and all supporting documents such as estimates, invoices or bills submitted within a reasonable time of the date of loss to be as per your policy conditions. **The form must be dated and signed by the registered owner(s).**

### YOUR DETAILS

Policy No.:	Period of Cover:	To:
1st Owner: MR. MRS. MS.	2nd Owner: MR. MRS. MS.	
Date of Birth:                      Nationality:	Date of Birth:                      Nationality:	
Cell No:                              Other No:	Cell No:                              Other No:	
Occupation:	Occupation:	
Email Address:	Email Address:	
Mailing Address:		

### 1. LOSS DETAILS

Type of Loss:	Slip / Fall	Fire	Storm Damage	Earthquake	Other:
Risk Address:				Date Reported:	
Date of Loss:		Time of Loss:		Is there footage of the Loss?	YES NO
Weather:	Sunny	Rainy	Other:	Was a police report made?	YES NO
Were premises used solely for residential or domestic use at the time?				Police Station:	
YES NO If not, provide details:				Officer Name:	
Were any material alterations made to the property after policy renewal?				Badge No:	
YES NO If not, provide details:					

If the premises were not occupied at the time of loss, state the date and time they were last occupied:

If there is a lender holding interest on the lost or damaged property, provide name and contact:

Provide details of any other insurances on the property whether effected by you or anyone else:

Provide details if any repairs have been made prior to reporting:

Have you previously suffered a similar loss? If so, provide date and details:

If the loss was due to Storm Damage, please state the assigned name of the storm:

## 2. STATEMENT

Provide a detailed statement of the circumstances and include any information relevant to the incident.

If the loss or damage involved a vehicle impact or collision, please give the following information for the vehicle:

Vehicle Registration No.:	Make & Model:	Insurance Company:
Owners Name:	Drivers Name:	Insurance Policy No.:

## 3. PARTICULARS OF POSSIBLE CLAIMANT(S)

Claimant #1:	Date of Birth:	Contact No.:
Address:		
Employer:	Occupation:	
Purpose of visit:	Nature of injury or damage:	
Your Employee?	YES NO Relationship?	Marital Status:

Claimant #2:	Date of Birth:	Contact No.:
Address:		
Employer:	Occupation:	
Purpose of visit:	Nature of injury or damage:	
Your Employee?	YES NO Relationship?	Marital Status:

Have you received notice of a claim? YES NO If 'yes', from whom and in what form?

**Note: any notice or writ received in writing or electronically must be forwarded to us immediately.**

In your opinion were you at fault for the incident? YES NO If "no", provide the name and address of the person you believe is at fault.

## 4. WITNESSES

State the Name, Address, Ages and Contact No. for any Independent Witnesses:

## YOUR DECLARATION

I/We hereby declare that to the best of my knowledge and belief, the above statements and particulars are complete and true and that I/ We have not miss-stated or suppressed any material facts (a material fact is one which is likely to influence the Cayman Islands National Insurance Company Ltd.'s acceptance or assessment of this declaration). If any false, fraudulent, suppression or concealment be made the policy shall be void and all past or future benefits forfeited.

I/We the undersigned do hereby authorize the Cayman Islands National Insurance Company Ltd to disclose any information in respect of my claims history to any Investigator, Adjuster, other Insurer, Regulatory Body or other Authority, and hereby release the Company from any claims and liabilities in respect of such disclosure.

1st Owner Signature:

2nd Owner Signature:

Date (DD/MM/YYYY):

Date (DD/MM/YYYY):

## Additional documents needed:

Estimate of Repairs / Bills

Photos or Footage of damages

Mortgage Release Letter  
(if applicable)

Deed / Current Utility Bill

Proof of Identification  
(ID/DP)

Police Report Receipt  
(if applicable)