

CLAIM REF.



Home Insurance Policy

INCIDENT REPORT

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 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: Fire Storm Damage Earthquake Flooding Theft Collision 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? YES NO If not, provide details:	Police Station:
Were any material alterations made to the property after policy renewal? YES NO If not, provide details:	Officer Name:
	Badge No:

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:

Theft/Burglary only: How was entry to the premises obtained?

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

2. STATEMENT

Provide a brief statement of the circumstances of the Loss. 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. DAMAGES

Please provide details of damage to Building(s) or Contents under each section, where applicable.

Buildings: Total amount being claimed? \$

Year it was built:

Total square feet?

Contents: Total amount being claimed after deducting value for salvage? \$

Total No. of items?

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

ITEM NO.	DESCRIPTION	DATE OF PURCHASE	VALUE AT TIME OF LOSS/DAMAGE	CURRENT REPAIR / REPLACEMENT COST

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)