



### Home Options

**PART 1** DETAILS OF POLICYHOLDER

Full Name of Insured \_\_\_\_\_ Policy No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Renewal Date \_\_\_\_\_

Residential/Insured Address \_\_\_\_\_

Is the Property a Private Dwelling?  Yes  No

Is the Property Rented or Sublet?  Yes  No

Email Address \_\_\_\_\_ Cellular Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Do you have any previous claims in the past 5 years?  Yes  No If Yes please provide the following details:

| Date of Loss | Cause of Loss | Amount Paid |
|--------------|---------------|-------------|
|              |               |             |
|              |               |             |
|              |               |             |

Name/Address of Bank/Lending Institution with interest in the Property: \_\_\_\_\_

**PART 2** DETAILS OF LOSS/DAMAGE

1. Date of Loss/Damage (dd/mm/yy) \_\_\_\_\_ Time of Loss/Damage \_\_\_\_\_

2. Where did the Loss/Damage happen? \_\_\_\_\_

3. How did the Loss/Damage happen? (If theft from a building, include details of how entry was gained.) \_\_\_\_\_

4. For what purposes were the premises being used at the date of the Loss/Damage? \_\_\_\_\_

5. Who discovered the Loss? \_\_\_\_\_

6. If the Loss was caused by a person who is not a member of the household, please provide name and contact details: \_\_\_\_\_

7. Were the premises and their use at the time of the Loss/Damage exactly as described in the Policy?  Yes  No

8. Had any element of risk been introduced which is not allowed by the Policy?  Yes  No

9. Were Police notified of the Loss/Damage? (Loss due to Theft/Malicious Damage must be reported.)  Yes  No

If Yes, when (date/time) \_\_\_\_\_ Name of Officer \_\_\_\_\_

At which Police Station? \_\_\_\_\_  Police report attached

10. Is the Claimant the Sole Owner of the Lost/Damaged property?  Yes  No

If No, to whom does this property belong? \_\_\_\_\_

11. Is the property insured only by this Company?  Yes  No

If No, please advise: Insurer \_\_\_\_\_ Policy No. \_\_\_\_\_ Sum Insured \$ \_\_\_\_\_



### Home Options

**PART 3** PARTICULARS OF CLAIM - BUILDING DAMAGE (if relevant)

This Claim must be accompanied by two Builder's Estimates showing the cost of putting the building into the same state as it was in immediately before the occurrence (no improvements may be included).  Estimates attached

If you are still awaiting estimates, do not delay sending us this form. Please tick box if estimates are being obtained and are to be sent later.  Estimates being sent

**PART 4** PARTICULARS OF CLAIM - CONTENTS OR VALUABLES (if relevant)

A full list of the articles Lost/Damaged, including all requested details, must be provided below. Use an extra sheet if necessary.

| No. | Description of Item | Age of Item | Price Paid | Estimated Cost of Repair | Cost of Replacement (if not repairable) |
|-----|---------------------|-------------|------------|--------------------------|---|
| 1.  |                     |             |            |                          |   |
| 2.  |                     |             |            |                          |   |
| 3.  |                     |             |            |                          |   |
| 4.  |                     |             |            |                          |   |
| 5.  |                     |             |            |                          |   |
| 6.  |                     |             |            |                          |   |
| 7.  |                     |             |            |                          |   |
| 8.  |                     |             |            |                          |   |
| 9.  |                     |             |            |                          |   |
| 10. |                     |             |            |                          |   |
| 11. |                     |             |            |                          |   |
| 12. |                     |             |            |                          |   |
| 13. |                     |             |            |                          |   |
| 14. |                     |             |            |                          |   |
| 15. |                     |             |            |                          |   |
| 16. |                     |             |            |                          |   |
| 17. |                     |             |            |                          |   |
| 18. |                     |             |            |                          |   |
| 19. |                     |             |            |                          |   |
| 20. |                     |             |            |                          |   |

**PART 5** DECLARATION BY THE CLAIMANT

I/We declare that the above statements and particulars are complete and correct to the best of my/our knowledge, and no material fact has been misrepresented, misstated or withheld. I/We hereby agree to immediately declare any additional details or any subsequent change in circumstances that may affect the accuracy of the information. If this form has been completed by anyone else, that person is my/our agent for that purpose and not the agent of Security and General Insurance Company Limited. (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)

Policyholder Name \_\_\_\_\_ Policyholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Policyholder Name \_\_\_\_\_ Policyholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**Security and General Insurance Company Limited** Atlantic House, 2nd Terrace & Collins Avenue, Nassau, Bahamas  
PO Box N-3540, Nassau, Bahamas | Tel 242 326 7100 | Fax 242 325 0948 | www.CGCoralisle.com

Personal and Business Insurance

**INSURANCE | HEALTH | PENSIONS | LIFE**

A member of Coralisle Group Ltd.