

## **Gulf Insurance Limited**

1 Gray Street, St. Clair, Port of Spain, Trinidad, West Indies. Fax: 868-628-0272/2167 P.O. Box 489. Telephone: 868-622-5878/7485-6/ 628-9250-3 Email: info@gulfinsuranceltd.com

## BURGLARY, BREAK-IN, HOLD UP & THEFT CLAIM REPORT FORM

	Policy No:
Insured:Email:	Phone:
Address:	
Vat Registration No:	
Address of premises involved:	
Date and time of loss:	
Were premises occupied at time of loss?	
Were the police informed?	
If so, date and place of notification:	
Are there any other insurances against this loss?	
If so, give name and address of insurers:	
Are you the sole owner of the property damaged or stolen?	
If not, state full particulars of any other interest:	
Have you ever experienced a similar loss?	
If so, give brief particulars:	
Describe fully circumstances of loss or damage:	

## PLEASE COMPLETE WITH FULLEST PARTICULARS

No.	DESCRIPTION	Cost Price of Property or Articles Stolen		Date of Purchase	Estimated Value at the time of Loss		Net Amount Claimed			
	\$									
THE DETAILS REQUIRED OVER-LEAF MUST BE GIVEN										
I/WEof										
the Claim, and I/WE hereby claim for loss or damage as set out in the schedule hereto, amounting to \$and I/WE hereby										
declare that no other person has an interest in the said property and that it is not otherwise insured.										

Signature of Insured

Date: