



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:.....

..... Phone:.....

Date and time of loss:..... A.M./P.M.....

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:.....

.....

.....

.....

.....

(P.T.O.)

