



Gulf Insurance Limited

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FIRE CLAIM FORM

Agency _____

I/WE hereby claim for loss by destruction or damage and declare the following information is true to the best of my/our knowledge and belief.

Policy No. _____ Item No. _____

Name of Insured _____ Tel No. _____

Email _____ V.A.T. Registration No. _____

Address where damage occurred _____

Date of damage _____ Time _____

* Cause (i) _____ (ii) _____

If considered due to the action of a Third Party, give his name and address _____

Do you think he was negligent? If so, how? _____

If caused by impact give registered letters and number of vehicle and owner's name and address

State nature of your interest in the damaged property _____
Owner, Lessee, Mortgagee, Trustee, etc.

Other interests in the damaged property _____
State name and whether Lessor, Mortgagee, etc, If none, write "None"

Other insurances on the damaged property _____
Give particulars, if none, write "None"

* (i) State Fire, Lightning, Aircraft, Riot, Malicious Damage, Earthquake, Explosion, Storm, Flood, Water from burst tank, apparatus tanks, apparatus or pipes, Impact, Breakage of Glass or Sanitary Fixtures, and

(ii) Give a brief description of what happened.

BOTH SIDES OF FORM MUST BE COMPLETED

