



TURKS & CAICOS FIRST INSURANCE

3 Parade Ave., Downtown, P.O. Box 80, Provo

Turks & Caicos First Insurance Co. Ltd.

LOSS OR DAMAGE CLAIM FORM

info@tcifirst.com

ds@tcifirst.com

Tel. 649.946.4431

INSURED

Policy Number

Insured's Name

Address

Telephone Number

Business/Occupation

Business Address

Business Telephone Number

Type of Policy

Policy Period

Policy Deductible

Do you have any other insurance on this property?

Yes / No

Does any Financial Company have an interest?

Yes / No

If yes, who?

THE EVENT

Is the claim for Loss, Damage or Injury?

Date and Time

Where did the Event occur?

When was the Loss, Damage or Injury reported?

Who discovered or reported the Loss?

State area affected

Were the premises occupied at the time?

If no, time and date last occupied

Was the event reported to the police?

Yes / No

Did the police attend the event?

Yes / No

Police Officer's name and number

If known, state name and address of

person causing the loss or damage

Form grid for data entry

State fully details of what happened

--

Are you the Owner?

Yes / No

If not the Owner, who is?

Name and Address

State total value of Buildings

State total value of Contents

State nature of occupancy of premises

Have you ever before made a claim of this nature?

Yes / No

If yes, please provide details, nature, amount of claim, date of loss and name of the Insurers

Please indicate all persons affected by this this incident, and the amount being claimed

DECLARATION

I/We declare that the property claimed for has been lost, stolen, destroyed or damaged, and that all statements on this form are to the best of my knowledge and belief accurate.

Signature of Insured

Date of Signature

Yes / No
Yes / No
