

TURKS & CAICOS FIRST INSURANCE COMPANY LIMITED 3 Parade Avenue, P.O. Box 80, Providenciales, Turks & Caicos Islands. Tel: (649) 946-4431. Email: info@tcifirst.com

MOTOR VEHICLE CATASTROPHE CLAIM FORM

NOTE: "N/A" means "Not Applicable"

THE INSURED						
Name:						
Address:						
Cell Phone:		Home Phone:	Work Phone:			
Email Address:				_		
PARTICULARS OF VEHICLE	L					
Year:	Make:		Model/Type:	Policy No	D.:	
Colour:		Registration No.:		Value: \$		
Mortgage Interest and Add	dress:					
THE INCIDENT						
Date of Loss:			Is the vehicle driveable	e?	○ YES	○ NO
Extent of Damage (briefly d	escribe the	damage that appear	rs to have been sustained by the v	vehicle): ——		
Location of vehicle:						
every respect, and I/we a the said accident shall ma	igree that ake, any fa	if I/we have made, alse or fraudulent s	en by me/us have been read over or in any further declaration to statement, or if found guilty or in respect of past or further according to the contract of t	he Company f any suppre	may requi ssion or co	re in respect of incealment, the
Signature of Insured:			Date:			
		<u>O</u>	OFFICE CHECKLIST			
Period of Policy: From:			To:			
Premium Paid:	○ YES	○ NO	Comprehensive Cover:	YE	S ONC)
Assessor Appointed:	○ YES	○ NO	Assessor Name:			
Name of Broker/Agent:						
Claim Number:						
Remarks:						