

THE DEMERARA FIRE AND GENERAL INSURANCE COMPANY LIMITED

AVENUE OF THE REPUBLIC AND ROBB STREET, GEORGETOWN, GUYANA

CLAIM FORM FOR PROPERTY INSURANCE

Policy No.
Name of Insured:
Address(Private)
Address (Business
Trade or Occupation(if more than one state all)
Situation of premises or place where loss or damage occurred
Date of loss or damage
Explain fully how the loss or damage occurred.

ADDITIONAL QUESTIONS FOR THEFT BURGLARY MONEY AND ALL RISKS CLAIMS

When was the loss or damage discovered?	Date: _____	Time _____	am		pm	
By whom was the discovery made?						
When was the property last seen?	Date: _____	Time _____	am		pm	
By whom was it last seen?						

When was the police notified? _____	Address of police Station _____
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Have any other steps been taken to recover the property? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS IF THE CLAIM IS IN RESPECT OF A THEFT AT YOUR OWN PREMISES

Total value of contents of premises at time of theft \$ _____

How many nights have the premises been unoccupied during the past year?

Was anyone in the premises at the time of the theft? _____	If so please give names and addresses.
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What steps have you or are you taking to prevent a recurrence?

Have you ever sustained a loss or claimed against any insurer for any of the risks included in the policy under which this claim is made? If so give particulars.

Are you the sole owner of the lost, damaged or destroyed?

In respect of damage to buildings or landlord's fixtures (including internal decorations) are you responsible for the repair of such damage under the terms of a tenancy agreement?

Was there at the time of the occurrence any other existing insurance, effected by you or any other persons, on the property for which this claim is made? If so please give details.

PARTICULARS OF CLAIM TO BE GIVEN IN DETAIL

In respect of building claims, tradesmen's estimates should be furnished before instructions are given for the work to be done in hand. If decorations are involved, please indicate when they were last renewed.

Any damaged property should not be disposed of until permission is given by the Company

Particulars of each building or article in respect of which this claim is made.	Date purchased or received	From whom purchased or donated	Original cost price	Value at the time of the lost after allowing for age and wear	Present Replacement Price	Amount claim after allowing for value of the salvage or cost of repairs

I/We declare the particulars given on this form to the Demerara Fire and General Insurance Company Limited are true and complete.

Date _____

Signature of insured _____

IMPORTANT

Claimants are advised to read the conditions of the Company's policies regarding claims before completing this form, which should be returned within the period specified in the policy to the Company at the address shown above.