

**DETAILS**

NAME OF INSURED:

RISK ADDRESS & DIRECTIONS:

NAME OR IDENTIFYING FEATURES:

BLOCK & PARCEL / REGISTRATION NO.

TELEPHONE: H  C  W

EMAIL ADDRESS:

ALTERNATE CONTACT NAME:  CELL:

WILL YOU BE DEPARTING FROM THE CAYMAN ISLANDS? YES NO

IF SO, STATE OVERSEAS CONTACT INFORMATION:

POLICY TYPE & NUMBER:

DATE OF LOSS:  CAUSE:

IS PROPERTY SECURED FROM FURTHER LOSS/DAMAGE? YES NO

WAS THE PROPERTY OCCUPIED? YES NO IF NO, HOW LONG UNOCCUPIED?

IS THERE ANY OTHER INSURANCE ON THE PROPERTY? YES NO IF YES, DETAILS:

MORTGAGE INTEREST:

DESCRIPTION OF DAMAGE TO PROPERTY:

ESTIMATE FOR REPAIRS (\$):

(Attach additional supporting documents)

INDICATE THE SEVERITY OF DAMAGE: SEVERE MODERATE MINOR

IS THE PROPERTY: UNINHABITABLE PARTLY HABITABLE FULLY HABITABLE

ESTIMATES ATTACHED:\* YES NO PHOTOGRAPHS ATTACHED: YES NO

AGENCY/BROKER: (where applicable)

INSURED'S SIGNATURE:  DATE:

COMPLETED BY:  DATE:

\*One Professional estimate will be required as the claim proceeds. Please ensure that the Property /Vehicle is secured and not abandoned/ open to the elements.

**FOR OFFICIAL USE**

ADJUSTER APPOINTED:  DATE:

RESERVE:  TOTAL PAID: