



Guardian Group

Guardian General Insurance Limited

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"ALL RISKS" CLAIM FORM

Policy No _____ **Expiry Date** _____ **Claim No** _____

1. Insured's Name and Address Telephone No _____	
2. Address of premises, or place, where loss or damage occurred <i>(If lost from premises state whether private house, flat, hotel, sale-shop, etc.)</i>	
3. Full particulars of circumstances of the loss or damage <i>(Give details of articles overleaf)</i>	
4. (a) Date and time when loss or damage was discovered (b) By whom discovered? (c) Date and time when article(s) last seen (d) By whom last seen, and where?	
5. When were the Police notified, and at what Station?	
6. Has a thorough search been made for the articles(s)?	
7. Has the loss been advertised?	
8. Have you ever before sustained - (a) Loss by theft? (b) Loss of, or damage to, any article of value from any other cause? <i>(If so, please state particulars)</i>	
9. (a) Is the property for which you are claiming insured against Burglary, Theft, Loss or Damage, with any other Insurer or underwriter? (b) If so, state particulars	

I declare that the foregoing statements are true to the best of my knowledge and belief; that the articles and property described overleaf were stolen, lost or damaged under the circumstances described above; and that such articles and property belong to the persons named, no other person having any interest therein, whether as Owner, Mortgagee Trustee or otherwise.

DATE.....20.....

INSURED'S SIGNATURE {

PLEASE COMPLETE STATEMENT OF CLAIM OVERLEAF

