



Trinidad and Tobago Insurance Limited
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FOR OFFICIAL USE ONLY	
Producer Name:	_____
Branch:	_____
Claim Number:	_____
Adjuster Name:	_____

LOSS OF OR DAMAGE TO PROPERTY CLAIM FORM

Please give complete answers to all questions

IMPORTANT – PLEASE CAREFULLY READ THE CONDITIONS OF YOUR POLICY AS IT CONTAINS SPECIFIC REQUIREMENTS WHICH MUST BE TOTALLY COMPLIED WITH BEFORE SUBMISSION OF A CLAIM. THIS FORM SHOULD BE COMPLETED AND FORWARDED TO THE COMPANY ALONG WITH FULL PARTICULARS OF THE CLAIM AS SOON AS POSSIBLE AFTER THE OCCURRENCE AND NO LATER THAN THE TME SPECIFIED IN THE POLICY.

Policy Number	Type of Policy	
Name of Insured	Email Address:	
Postal address	Telephone:	
Address where the loss occurred	Telephone:	
For what purposes were the premises being used?		
Were the premises occupied at the time of loss? If not, when and by whom were they last occupied?		
Describe fully any alteration in risk (physical or otherwise) which took place during the relevant period of insurance.		
What was the nature of the occurrence? (e.g. fire, flood, theft)		
When did it take place?	Date:	Time:
Describe briefly what happened and the resultant damage?		
What do you believe caused or contributed to the loss?		
Do you have reason to suspect any particular person? Please give the name and address of any such person?		
Please give the details of the Police or Fire Station where the loss was reported.	Date:	Name & Number of Officer:
	Address:	
Please give the name and the address of any other party having an interest in the property (e.g. mortgage, hire purchase, joint-ownership).		
Please give full particulars of all other insurances on the property whether effected by you or anyone else?		
Please give full particulars of any other losses of a similar nature sustained by you at these or any other premises?		

