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No.1 Freeling Street, San Fernando. Tel: (868) 652-3337; 652-3774 Fax: (868) 652-5541

Edoo's Building, 98 Norma Drive, Lowlands, Tobago Tel: (868) 639-2986; 639-3869; Fax 639-2986

Website: www.agostini.com Email: aib@trinidad.net

All Risk Claims Form

(Please use block capitals and do not leave blanks or answer a question with a dash)

Client Number	AIB B	ranch	Policy Number
INSURED INFORMATION			
Name of Insured	Surname	First Name	Middle Name
	Sumume	, not not	date italiie
Address of Insured	Street		City
Telephone Number	(868) (868) Primary	Email Address	SS
	, , , , , , , , , , , , , , , , , , , ,	,	
CLAIM DETAILS INFORMATION			
Estimated Value of th	ne Loss \$		
Estimated value of th	ie ross ż		
Date of Occurrence	Date DD / MM / YYYY		
Location of Occurren	CEStreet		City
			,
Did you make a report to the police or fire station? YES \square NO \square			
bid you make a report to the poince of me station.			
If YES is checked above	Ve Name of Police Officer	Police Station	Date of Notification
	name of Fonce office.	Tollee Station	Date of Notification
	Name of Fire Officer	Fire Station	Date of Notification
Estimated value of the loss (TTD/USD) \$			
Describe briefly what happened, what you believe caused it, and the resultant damage.			
Describe briefly what	t happened, what you believe eac	isca it, and the resultant damage	
Signature:	nt Name	Signature	
		Signature	
Date:			