

119 Henry Street, Port of Spain, Trinidad, West Indies Tel: (868) 623-0576/9; Fax: (868) 624-9505 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

Fire & Extraneous Perils Claim Form

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

Client Number	AIB Branch	Policy Number	Policy Renewal Date			
INSURED INFORMATION						
Name of Insured						
Name of insured	Surname	First Name	Middle Name			
Address of Insured						
	Street	City	Country			
Telephone Number		Email Address				
	Primary	Secondary				
	CLAIM	DETAILS INFORMATION				
Date/Time of Fire						
	Date DD / MM / YYYY	Time (Hour)				
What was the nature	of the occurrence?					
Location of Occurren	ce					
	Street	City	Country			
Was the premises oc	cupied at the time of loss? YES \Box	\square NO \square				
If No was selected ab	oove, when it was last occupied_					
		Date DD / MM / YYYY T	ime (Hour)			
Are you the sole own	ner of the property damaged or st	tolen? YES \square NO \square				
If NO is checked abov	ve state full particulars of any oth	ner interest				
Did you make a report to the police or fire station? YES \square NO \square						
If YES is checked abor	Ve Name of Police Officer	Police Station	Date of Notification			
		E. 6	5 (N .)°			
	Name of Fire Officer	Fire Station	Date of Notification			
Estimated value of th	ne loss (TTD/USD) \$					
Describe briefly what happened, what you believe caused it, and the resultant damage.						



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Fire & Extraneous Perils Claim Form (Continued)

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CLAIM DETAILS INFORMATION

If the claim be in respect of buildings, the claim must be accompanied by two builders' estimates, obtained at insured's own expense, of the cost of putting the building into the same state as it was in immediately before the occurrence- no contemplated improvements may be included in such estimate.

If the claim be of contents, a full list of the articles destroyed or damaged must be given.

If the claim be for stock-in-trade, cost prices are alone recognized in estimating sound values.

Details

Item No	Description	Date of Purchase MM/DD/YYYY	Amount Claimed

Please append additional sheet, if necessary.

Signature/s:				
	Print Name	Signature		
Date:		_		