

Heritage HomeCover Claim Form

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Island
Heritage



CUSTOMER INFORMATION

Name of Insured:

Policy Number:

Agent (if any):

Telephone

(Home):

(Work):

(Mobile):

Email:

PLEASE ANSWER ALL QUESTIONS COMPLETELY

1) Address of premises where loss or damage occurred:

2) When did loss or damage occur? Date: Time: AM PM

3) What was the cause of the loss or damage, and how did it occur?

4) By whom was the loss or damage discovered?

5) In the case of theft or malicious damage, when were the police notified and which station?

6) For what purpose (e.g. Home, Office, Shop etc.) were the premises used for at the date of the loss or damage?

If unoccupied, please state why:

7) Has the premises been unoccupied for more than 30 days? Yes No

If Yes, please give details:

8) Does anyone else have an interest in any of the property claimed for? Yes No

If Yes, please give details:

9) Is there finance or mortgage over the property? Yes No

If Yes, please give details:

10) Is the property insured with anyone else? Yes No

If Yes, please give details:

11) Have you previously suffered any loss or damage in this or other premises? Yes No

If Yes, please give details:

12) Did you take any action to recover the property? Yes No

If Yes, please give details:

A full breakdown of the amounts being claimed must be provided overleaf.

REV/08/2013

