

Heritage Commercial Business Claim Form

Island Heritage Insurance Company, Ltd.
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Island
Heritage



CUSTOMER INFORMATION

Name of Insured:

Policy Number:

Policy Start Date:

Agent (if any):

Policy End Date:

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? (DD/MMM/YYYY): 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?: (If police were notified, please attach report.)

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 avoid further damage or minimize loss?:

Yes

No

If 'Yes', please give details:

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

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PLEASE ANSWER ALL QUESTIONS COMPLETELY (continued)

13) A full breakdown of the amounts being claimed must be provided below:

Buildings: Please provide a builders estimate detailing the full repair or rebuilding cost.

Contents: Please provide a full list of all articles lost, destroyed or damaged with the details required below.

Description of Articles	Quantity	Date Purchased	Original Cost	Replacement Value	Amount Claimed
TOTAL				\$	\$

ADDITIONAL INFORMATION AND/OR COMMENTS

ISLAND HERITAGE'S DATA PROTECTION DECLARATION

I confirm/understand that:

- I consent to Island Heritage and the BF&M Group processing my personal data in accordance with Island Heritage's privacy policy in full at www.islandheritageinsurance.com/privacy.
- I understand that I may withdraw my consent at any time by email to privacy@bfm.bm but that may impact Island Heritage's ability to provide insurance or pay claims.
- I confirm that any personal data I provide to Island Heritage in respect of any third party, is done with that third party's consent and knowledge of Island Heritage's processing of their personal data.

Insured's Signature: _____ Date (DD/MMM/YYYY): _____

DECLARATION

I declare that:

- All the statements in this claim form and any additional schedules are true and accurate;
- The Home and/or accessories are correctly described in this form and were damaged under the circumstances described here;
- I have told Island Heritage Insurance everything relevant to this claim.

I understand that if I fail to provide accurate information, all benefits will be forfeited and cover cancelled immediately. I undertake to render all possible assistance to Island Heritage Insurance in connection with this claim.

Insured's Signature: _____ Date (DD/MMM/YYYY): _____

Island Heritage Insurance Company, Ltd. is licensed and regulated to carry on insurance business in the Cayman Islands and all other territories where it does business.