



MARITIME GENERAL INSURANCE COMPANY LIMITED
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FOR OFFICIAL USE ONLY	
PRODUCER NAME:
CLAIM #:
POLICY #:
POLICY PERIOD: TO

LOSS OR DAMAGE TO PROPERTY CLAIM FORM

NAME OF INSURED: POLICY #:

MAILING ADDRESS OF INSURED:

RISK ADDRESS OF INSURED:

CELL NO.: TELEPHONE/OTHER NO:

EMAIL: AGENCY:

1. When did the loss take place?	At the hour ofam/pm on the Day Month Year
2. a.) What was the cause of the loss? b.) Under what circumstances did it occur? Describe briefly what happened and the resultant damage.	(a)..... (b).....
3. Location of property damaged or destroyed
4. For what purposes were the premises occupied at the date of loss? (Eg. Private Dwelling, shop factory etc.)
5. Does the policy give a correct description of the property in all respects as it extends immediately before the loss?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Has any element of risk been introduced which was not allowed by the policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Have the conditions of the policy been complied with in every respect?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Is the claimant the sole owner of the property damaged or destroyed? If so, state full particulars of any other interests. Eg. Mortgage or other	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Has there been a previous loss presently insured under the policy in these premises, or any other premises in which the insured was interested? If yes, please state particulars of such loss.	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Did you report the matter to the police? If yes, please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/> Name & Number Of Officer: Address:
11. Were there, at the time of loss, any existing insurances, whether effected by the claimant or by any other person, on the said property, with any other company? If so, state full particulars.	Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Company Amount
12. Was the premises occupied at the time of the loss? If not state the date and time last occupied.	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Have you had any claims of a similar nature you have made with this or any other premises? If yes, state the amount \$.	Yes <input type="checkbox"/> No <input type="checkbox"/>

