



**The Tatil Group**  
 TRINIDAD AND TOBAGO INSURANCE LIMITED  
 TATIL LIFE ASSURANCE LIMITED

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**FOR OFFICIAL USE ONLY**

Producer Name \_\_\_\_\_  
 Branch \_\_\_\_\_  
 Claim Number \_\_\_\_\_  
 Adjuster Name \_\_\_\_\_

**LOSS OF OR DAMAGE TO PROPERTY CLAIM FORM**  
 Please give complete answers to all questions

**IMPORTANT – YOU ARE ADVISED TO READ CAREFULLY THE CONDITIONS OF YOUR POLICY AS IT CONTAINS SPECIFIC REQUIREMENTS WHICH MUST BE LITERALLY COMPLIED WITH BEFORE SUBMISSION OF A CLAIM. THIS FORM SHOULD BE COMPLETED AND FORWARDED TO THE COMPANY ALONG WITH FULL PARTICULARS OF THE CLAIM AS SOON AS POSSIBLE AFTER THE OCCURRENCE AND IN NO CASE LATER THAN THE TIME SPECIFIED IN THE POLICY.**

Policy Number And Type of Policy	
Name of Insured	Email Address:
Postal Address	Telephone:
Address where loss occurred	Telephone:
For what purposes were the Premises being used?	
Were the premises occupied at the time of loss? If not, when and by Whom were they last occupied?	
Describe fully any alteration in risk (physical or otherwise) which took place during the relevant period of insurance.	
What was the nature of the occurrence? (e.g. fire, flood, theft)	
When did it take place?	Date: _____ Time: _____ am/pm
Describe briefly what happened and the resultant damage?	
What do you believe caused or contributed to the loss?	
Do you have reason to suspect any particular person? Please give name and address of any such person?	
Please give details of Police or Fire Station where the loss was Reported.	Date: _____ Name & Number of Officer: _____ Address: _____
Please give name and address of any other party having an interest in the property (e.g. mortgage, hire purchase, joint-ownership).	
Please give full particulars of all other insurances on the property whether effected by you or anyone else?	
Please give full particulars of any other losses of a similar nature sustained by you at these or any other premises?	

