Vanguard
RISK SOLUTIONS

⊚ P.O. Box 2174, Grand Cayman KY1-1105, Cayman Islands
✆ (345) 949-5836
✉ info@vrscayman.com
⊕ vrscayman.com

Property Catastrophe Claim Form

Kindly begin the process of cleaning up your premises and if necessary perform any temporary repairs to make the property waterproof or safe.

Please ensure that all bills and receipts are kept for any such costs incurred.

If there are items which are damaged please keep them in a safe place for inspection by the insurance company's representative and also ensure that insurers are given an opportunity to inspect and agree the damages **before** any **permanent** repairs are carried out.

In addition kindly supply us with the following information at your earliest convenience:

- Complete enclosed claim form and return to **VRSC@vrscayman.com immediately** so that we can have your claim logged with your insurance company, (**It is important that this form is returned as soon as possible**). Complete information speeds up the settlement of claims so please provide the exact street address and contact numbers.

- After submitting the claim report, if your policy covers the
    - building, obtain and provide us with an estimate for
    - repairing the damaged building.

- If your policy covers contents, please also provide a detailed
    - list of the damaged items, their approximate ages and
    - replacement costs.

- Photographs help (but are not essential).

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Insured:

Home Phone: _____   Office: _____

Fax: _____   Cellular: _____

Email Address:

AN ANSWER MUST BE GIVEN TO EACH OF THE FOLLOWING QUESTIONS

Policy No: _____   Date of Loss: _____

1. Loss Location: _____
(with directions)

_____

2. Were the premises occupied at the time of the loss?   YES ☐ NO ☐

   If, not, when were they last occupied? _____

3. What were the premises being used for? _____

4. Are you the sole owner of the property?   YES ☐ NO ☐

   If not, give particulars of other interest _____

5. Are there any other insurances on the property whether effected by you or anyone else?   YES ☐ NO ☐

   If yes, give full particulars _____

6 Give brief description of damage: _____

_____

I do hereby declare that the above is a true and accurate statement with respect to the above loss.

Signature of Insured: _____   Date: _____