



Property Claim Form

Use of this form is not to be taken as an admission of liability.

Please complete this form and sign. Failure to disclose all material information and/or misrepresentation could result in your insurance being declared void by the insurer and a claim being rejected. When complete, please send this form via email to submitclaim@bfm.bm, or fax it to 295-8647.

Policy type: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	Claim type: <input type="checkbox"/> Home <input type="checkbox"/> Sports <input type="checkbox"/> All Risk <input type="checkbox"/> Commercial Property
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1. Policyholder details

Insured name (first/middle/last):		DOB (dd-mmm-yyyy):					
Home address:							
Business address:							
Phone: H		W		C		Email:	
Mortgage bank:	<input type="checkbox"/> HSBC	<input type="checkbox"/> BNTB	<input type="checkbox"/> Clarien	<input type="checkbox"/> Other:			

2. Details of incident

Nature of the incident:					
Last date of occupation of the premises (dd-mmm-yyyy):		Time:		<input type="checkbox"/> am	<input type="checkbox"/> pm
Address where incident occurred (if different from above):					
What were the premises being used for at the time of incident:					
Provide details of the incident:					
If a theft, please state how and where entry was gained:					
Is the claimant the sole owner of the property damaged or destroyed?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, state full details of any other interest and tenant etc.					
Give the name(s) and enclose the statement(s) of anyone who witnessed the loss:					
What measures were taken to mitigate the loss:					

2. Details of incident (cont'd)

Was the Fire Service informed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include incident number: <input style="width: 150px;" type="text"/>	
Were the Police informed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include incident number: <input style="width: 150px;" type="text"/>	
Has injury or damage been caused to a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No If, yes give details: <div style="border: 1px solid #ccc; height: 30px; width: 100%; margin-top: 5px;"></div>	
At the time of the incident were there any other insurance policies on the property with any other Company or Insurer, whether effected by the claimant or any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No If, yes give details: <div style="border: 1px solid #ccc; height: 30px; width: 100%; margin-top: 5px;"></div>	
Phone: H <input style="width: 50px;" type="text"/> W <input style="width: 50px;" type="text"/> C <input style="width: 50px;" type="text"/>	Email: <input style="width: 100px;" type="text"/>

3. List of property insured or damaged (Be prepared to support all amounts claimed with proof of ownership, receipts and photographs.)

Detailed description of property claimed for	Amount insured (BMD)	Estimated value at time of loss	Amount claimed (BMD)

Declaration

By signing this form, I confirm/understand that:

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

I/we do solemnly and sincerely declare that the details appended hereto, are a full, true and correct statement of loss, sustained by me/us on the property insured by the above policy in consequence of the aforesaid loss amounting to the sum of \$BMD and that the amounts claimed in respect of which and all of the several articles or items of property damaged or destroyed, constitute their values at the time of loss or damage not including profit of any kind.

I/we do hereby solemnly and sincerely declare that I/we have not either directly or indirectly caused said loss, or by fraud sought to benefit thereby, and I/we make the foregoing solemn declarations believing the same to be true.

I/we agree to provide additional information to the Company, if required.

Name: <input style="width: 900px;" type="text"/>	
Sign: <input style="width: 800px;" type="text"/>	Date (dd-mmm-yyyy): <input style="width: 100px;" type="text"/>

Please review all details carefully before submitting. Completed forms can be submitted via email to submitclaim@bfm.bm.