



# Property Claim Form

## (Home, Sports, All Risk and Commercial Property)

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

Please complete this form and sign. Please provide further information on a separate sheet if necessary. 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](mailto:submitclaim@bfm.bm), or fax it to 295-8647, or return it by hand to BF&M's main office in the Insurance Building on Pitts Bay Road, Pembroke.

<b>Policy type</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<b>Claim Type</b> <input type="checkbox"/> Home <input type="checkbox"/> Sports <input type="checkbox"/> All Risk <input type="checkbox"/> Commercial Property	<b>Claims Number (BF&amp;M official use)</b>
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### 1. Policy holder details

<b>Name of insured</b>		<b>Date of Birth (DD/MM/YY)</b>
<b>Home address</b>		
<b>Business address</b>		
<b>Home phone</b>	<b>Work phone</b>	
<b>Mobile phone</b>	<b>Email</b>	
<b>Mortgage bank</b> <input type="checkbox"/> HSBC <input type="checkbox"/> BNTB <input type="checkbox"/> Clarien <input type="checkbox"/> Other		
<b>What was the nature of the incident</b>		
<b>State the last date of occupation of the premises (DD/MM/YY)</b>		<b>Time</b> <input type="checkbox"/> AM <input type="checkbox"/> PM
<b>At what address did it take place</b>		
<b>What were the premises being used for at the date of the incident</b>		
<b>Describe what happened, the resulting damage and state what you believe caused it</b>		
<b>If a theft, please state how and where entry was gained</b>		
<b>Is the claimant the sole owner of the property damaged or destroyed? If not, state full details of any other interest and tenant etc.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Give the name(s) and enclose the statement(s) of anyone who witnessed the loss</b>		

What measures were taken to mitigate the loss			
Have the Fire Service and/or the Police been informed? If yes, please enclose the incident number			
Fire Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Incident No.	Police <input type="checkbox"/> Yes <input type="checkbox"/> No	Incident No.
Has injury or damage been caused to a third party? If, yes give details			<input type="checkbox"/> Yes <input type="checkbox"/> No
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? If, yes give full details			<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact details of claimant			

## 2. 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	Estimated value at time of loss	Amount claimed
1				
2				
3				
4				
5				
6				

## 3. Declaration

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 \$BD \_\_\_\_\_ and that the amounts claimed in respect of wach 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 hearby 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.

Name	Applicant's signature  X	Date (DD/MM/YY)
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*Please review all details carefully before submitting. Completed forms can be submitted via email to [submitclaim@bfm.bm](mailto:submitclaim@bfm.bm)*