Heritage Catastrophe Claim Form

Island Heritage Insurance Company, Ltd.
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claims@islandheritage.com.ky islandheritageinsurance.com



GENERAL INFORMATION							
Insured Name:							
Policy Num	ber:	Policy Type:	Agent:	Agent:			
Policy Start	Date:	Policy End Date:					
Insured Pho	ne:	Email Address:					
Local Conta	Local Contact: Local Contact Details:						
PROPERTY	LOCATION						
Block:		Parcel:	Area:				
Street:							
Island:		Country:					
EVENT							
Description	/Name of Event:						
	AKDOWN OF THE AMOUNT	S BEING CLAIMED					
Description	of Articles		Replacement Value	Amount Claimed			
Total			\$	\$			
Total			¥	Y			
Does the pr	operty in respect of which the	e claim is being made:					
a. Belong	solely to you?:			☐ Yes ☐ No			
	name other interested partic	es:		_			
				☐ Yes ☐ No			
If 'Yes', please provide full details:							
c. Is ther	☐ Yes ☐ No						
If 'Yes', please provide full details:							
Please describe the extent of the damage and directions to the property - if road signs have been destroyed:							

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ISLAND HERITAGE'S DATA PROTECTION DECLARATION

I confirm/understand that:

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

Insured's Signature:	Date (DD/MMM/YYYY):	

DECLARATION

I declare that:

- · All the statements in this claim form and any additional schedules are true and accurate;
- The Home and/or accessories are correctly described in this form and were damaged under the circumstances described here;
- I have told Island Heritage Insurance everything relevant to this claim.

I understand that if I fail to provide accurate information, all benefits will be forfeited and cover cancelled immediately. I undertake to render all possible assistance to Island Heritage Insurance in connection with this claim.

Insured's Signature:	Date (DD/MMM/YYYY):	

Island Heritage Insurance Company, Ltd. is licensed and regulated to carry on insurance business in the Cayman Islands and all other territories where it does business.