**Bahamas First General Insurance Company Limited**

**Hurricane Claim Reporting Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agent:** |  | **Agent’s Claim No:** |  |
| **Name and Address of Insured:**  |  |
| **P.O. Box:** |  | **Telephone Contacts:** |  |
| **Risk Address:**  |  |
| **Policy No:** |  | **Renewal Date:** |  |
| **Policy Cover:**  |  | **Special Terms:**  |  |
| **Mortgage Interest:** |  |
| **Directions to Property:** |  |
|  |
|  |
|  |

**Sum Insured:**

|  |  |  |
| --- | --- | --- |
| **Items** | **Property Description:** | **Sum Insured:** |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |

**Hurricane Claim Reporting Form**

**Page 2**

|  |  |  |
| --- | --- | --- |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
|  | **Total** |  |
| *For Official Use:* | **Reserve** |  |
|  | **Total Paid** |  |

**Details of Loss**

|  |  |
| --- | --- |
| **Date of Loss: Click here to enter a date.** | **Date Reported: Click here to enter a date.** |
|  |  |
| **Description of Damage: Choose an item.** | **Estimate: Click here to enter text.** |
|  |  |
| **Date: Click here to enter a date.**  | **Signature:** |