



## HOME CLAIM FORM

PLEASE COMPLETE THE ATTACHED FORM COMPLETELY IN ORDER FOR US TO PROVIDE THE PROPER COVER.

REPLACE THE "NOT APPLICABLE" TEXT IN THE FIELDS WITH YOUR ANSWERS OR STATEMENTS BY PRESSING DELETE ON THE HIGHLIGHTED TEXT IN THE FORM FIELD THEN TYPING.

WHEN THE FORM IS COMPLETE, SELECT THE "SAVE" TAB AT THE BOTTOM LEFT OF THE FORM TO SAVE A COPY FOR YOUR RECORDS THEN SELECT THE "SUBMIT" BUTTON TO EMAIL THE FORM TO US VIA YOUR EMAIL CLIENT.

ALTERNATIVELY, YOU CAN EMAIL US YOUR SAVED COPY AS AN ATTACHMENT.

SHOULD WE REQUIRE ANY ADDITIONAL INFORMATION, WE WILL CONTACT YOU AND IF NEEDED AMMEND THE FORM SENDING YOU THE COMPLETED COPY TO SIGN VIA "RIGHT SIGNATURE" – A ELECTRONIC SIGNATURE SERVICE.

### SIGNING VIA RIGHTSIGNATURE

1. OPEN EMAIL AND SELECT "REVIEW & SIGN DOCUMENT".
2. ACCEPT THE "ELECTRONIC SIGNATURE DISCLOSURE".
3. SCROLL DOWN THE DOCUMENT TO REVIEW.
4. WHEN FINISHED, CLICK ON THE SIGNATURE PAD & SIGN THE DOCUMENT.
5. SELECT SUBMIT SIGNATURE.

YOUR WILL RECEIVE A COPY OF THE SIGNED FORM VIA EMAIL FOR YOU RECORDS.

Thank you for choosing Abaco Insurance Agency!

# BAHAMAS FIRST GENERAL

*Insurance Company Limited*

## HOME POLICY CLAIM FORM

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Insurer:

Claim Number:

Policy Number:

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Insured:

Address:

Phone:

Phone:

Phone:

Email:

Date of Birth:

Driver's License Number:

National Insurance Number:

Occupation:

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### **Details of Loss**

Date:

Time:

Type of Loss:

If other, please advise:

Have you ever sustained any loss or damages to the insured property?

If yes, when & circumstances:

Was the premises unoccupied at the time of the loss:

If yes, please give details:

Are you the owner of the premises, or responsible for repairs?

If tenant, is the responsibility imposed by lease?

Name and address of any witnesses:

Give full circumstances giving rise to the loss or damage:

Is the property for which you are claiming insured under another policy, e.g., a policy affected by you or another party under an All Risks, Burglary, Office Renters, etc?

If yes, give details:

Is there a mortgage involved?

If yes, give details:

Have you taken photos of the damage?

If so, please email them to: [eforms@abacoinsurance.com](mailto:eforms@abacoinsurance.com).

Have repairs been undertaken?

If Yes, please give details and email receipts to:

[eforms@abacoinsurance.com](mailto:eforms@abacoinsurance.com).

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**Complete only where items are lost or stolen**

Have the Police been notified?

If so, what Station?

If Theft, how was entry gained to the premises?

If there is no evidence of Theft or a forcible entry to the premises, has a thorough search been made for the missing articles?

If the premises was unoccupied, at what time and when were they last occupied or visited?

**List of Items Lost - Stolen - Damaged**

(Attach Receipts)

Description

Amount

**Other Items:**

**Declaration:**

I/We declare that the statements given above are true and to the best of my/our knowledge and I/We claim the amount stated above in respect to the property mentioned.

Signature:

Date:

Disclaimer:- I agree that the claims advisor/examiner has explained the claims process and that I/We, the Insured/Claimant understand the process and procedures to be undertaken to bring this matter to conclusion based on the parameters that were explained. I also agree that any information obtained may be shared, where necessary, to any party in determining the circumstances of this loss, in accordance with the Data Protection Act.

Signature:

Date: