

## INSURANCE CLAIM FORM

Page 1 of

Sent by: Mail/Fax/Email

Date:	BCMB Ref:	Date of loss:	
Insurer:		Claim No:	
Policy No:		Expiry Date:	
Insured (Plan No):	Address:		
Owner/Occupier:	Unit No:	Tel:	Mob:

Summary of Loss: .....

.....

.....

.....

.....

	Enclosed	To Follow	Please Action As Follows	
Claim Form	<input type="checkbox"/>	<input type="checkbox"/>	Contact Owner to inspect/discuss	<input type="checkbox"/>
Quotation	<input type="checkbox"/>	<input type="checkbox"/>	Contact BCMB to discuss	<input type="checkbox"/>
Repairers Account/s	<input type="checkbox"/>	<input type="checkbox"/>	Deal with Third Party	<input type="checkbox"/>
Police Report	<input type="checkbox"/>	<input type="checkbox"/>	Appoint tradesman/assessor	<input type="checkbox"/>
Correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<b>Draw a Cheque in favour of</b>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	Insured/ Supplier	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>
			Please forward to BCMB	<input type="checkbox"/>
Estimate Insured Claim	\$		Excess	\$

Comments/Progress: .....

.....

.....

.....

.....

**NB: It is essential for prompt processing of your claim to provide as much information about the incident as possible.**

**Essential information is the date & time of the incident and details of any third party (if applicable) responsible for the damages.**