

Home Insurance Claim Form



C.N.A.
BUTTERFIELD
& SON INSURANCE LTD.

Please complete this form carefully and attach any original invoices and receipts in respect of all amounts being claimed.
If you have any photographs of the damage, please submit them with this form (via email or post).

Please read your Home Insurance Policy or your Home Insurance Guide Book to assist you in making a claim.

Name of Insured: _____

Contact Person (if different from above): _____

Telephone Numbers: (H) _____ (W) _____ (C) _____

Email Address: _____

Address of Property Insured: _____

Date Claim Occurred: dd / mm / yyyy

Date Advised: dd / mm / yyyy

Cause of the Claim: _____

Please outline below the items damaged or lost (if part of the Building, please clearly indicate what part of the structure)

Description of Item Lost or Damaged	Insured Value	Replacement/ Repair Value

Policy Number: _____

Claim Number: _____

Section & Item No: _____

Insured Peril: _____

I declare to the best of my knowledge and belief the above statements made by me or on my behalf are true and complete and that the repairs/replacement as detailed above **relate solely to the damage/loss described.**

Signature of Insured: _____ Date: _____

Phone: 295-5519
Fax: 292-7972
Email: cnab@butterfield.bm

Physical Address:
"White Hall"
#1 Park Road
Hamilton, HM 09

Postal Address:
P.O. Box HM 78
Hamilton, HM AX

Coverholder at **LLOYD'S**