



**GUARDIAN GENERAL**  
INSURANCE LIMITED

**Head Office:** Princes Court, Keate Street, Port of Spain, Trinidad & Tobago, W.I.  
**Branch Office:** 17-19 Independence Avenue, San Fernando, Trinidad & Tobago, W.I.  
**Telephone:** (868) 625-4GGL Fax: (868) 623-4320 Website: guardiangeneraltd.com

**“All Risks” Claim Form**

Policy No.: \_\_\_\_\_ Claim No.: \_\_\_\_\_

Name of Insured \_\_\_\_\_

Address of Insured \_\_\_\_\_

Telephone Nos.: \_\_\_\_\_ Business: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

1. When and where did the loss or damage occur? \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m. Date \_\_\_\_\_  
Address \_\_\_\_\_

2. State the full circumstances of the loss or damage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you notified the police? YES  NO   
If ‘YES’, when and where \_\_\_\_\_

4. Have you taken any other steps to recover the loss property? YES  NO   
If ‘YES’, give details \_\_\_\_\_  
\_\_\_\_\_

5. Are you the sole owner of the property loss or damaged? YES  NO   
If ‘NO’, give full details of other interest. \_\_\_\_\_  
\_\_\_\_\_

6. Were there at the time of the loss or damage any other existing Insurance on the said property with any other Insurer, whether effected by you or any other person? YES  NO   
If ‘YES’, give full details of other insurances. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you sustained any loss during the last five years in respect of the risk insured by this Policy? YES  NO   
If ‘YES’, give full details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE DETAILS REQUIRED OVERLEAF MUST BE GIVEN**

