

CATASTROPHE: _____

**AUTOMOBILE PHYSICAL DAMAGE LOSS NOTICE
CATASTROPHE**

REPORTED DATE: ____/____/____
MM DD YR

CUSTOMER NUMBER: _____

SECTION I

INSURED'S NAME: _____

INSURED VEHICLE: YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ LICENSE No.: _____ VIN: _____

SECTION II

PHYSICAL LOCATION OF DAMAGED VEHICLE: _____

DESCRIBE DAMAGE TO VEHICLE: _____

INSURED'S ESTIMATE OF LOSS: \$ _____ HOW LONG HAVE YOU OWNED THIS AUTOMOBILE (YRS.): _____

NAME OF AGENT/BROKER: _____ EFFECTIVE DATE OF POLICY: _____

IS YOUR CAR FINANCED? Yes() No(): IF YES, NAME OF LIENHOLDER: _____

SECTION III

NAME OF PRIOR AUTO CARRIER, IF OTHER THAN HERITAGE INSURANCE: _____

HAS THE VEHICLE BEEN INVOLVED IN ANY ACCIDENTS OR INCIDENTS WITHIN THE PAST THREE (3) YEARS? Yes() No(): IF YES, GIVE DETAILS: _____

HAS THE VEHICLE BEEN DAMAGED IN ANY ACCIDENTS OR INCIDENTS WITHIN THE PAST THREE (3) YEARS? IF SO, GIVE DETAILS AND OUTLINE DAMAGE: _____

WERE YOU PAID FOR DAMAGE? Yes() No(): IF YES, AMOUNT PAID \$ _____ BY WHOM: _____

HAS CAR BEEN REPAIRED? IF YES, BY WHOM: _____ IF NO, STATE REASON: _____

WHEN WAS VEHICLE PURCHASED? _____ WHERE: _____

WAS VEHICLE PURCHASED NEW? Yes() No(). IF NO, WAS VEHICLE PURCHASED USED? Yes() No().

WAS VEHICLE PURCHASED AS SALVAGE? Yes() No(): IF YES, WHERE AND FROM WHOM WAS SALVAGE PURCHASED (GIVE DETAILS): _____

SECTION IV

WE MAY NEED ADDITIONAL INFORMATION AT A LATER DATE. OUR ASSIGNED ADJUSTERS AND INSPECTORS WILL BE CONTACTING YOU TO OBTAIN ANY ADDITIONAL INFORMATION REQUIRED. AS YOU MAY KNOW, WE HAVE TO ASSIST MANY POLICYHOLDERS. **PLEASE TELL US WHERE WE CAN REACH YOU AND GIVE US ALTERNATIVE CONTACT NUMBERS SO THAT OUR INSPECTORS CAN FIND YOU QUICKLY AND ATTEND TO YOUR RESPECTIVE CLAIMS.** YOUR COOPERATION IS GREATLY APPRECIATED.

WHERE CAN WE REACH YOU? _____

CONTACT PERSON: _____

ALTERNATIVE: _____ CELLULAR NUMBER: _____

SPECIAL REMARKS AND INSTRUCTIONS TO WHERE THE VEHICLE IS LOCATED: _____

GENERAL POLICY PROVISIONS

WE DO NOT PROVIDE COVERAGE FOR ANY "INSURED" WHO HAS MADE FRAUDULENT STATEMENTS OR ENGAGED IN FRAUDULENT CONDUCT IN CONNECTION WITH ANY ACCIDENT OR LOSS FOR WHICH COVERAGE IS SOUGHT UNDER THIS POLICY.

I, THE INSURED, HEREBY WARRANT AND CERTIFY BY MY SIGNATURE HEREIN THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

PRINT NAME OF INSURED

TURKS AND CAICOS OFFICE:
MARKETPLACE
SUITE 210
PROVIDENCIALES
TEL: 649.941.3854
FAX: 649.941.3855

BVI OFFICE:
CREQUE BUILDING
ROAD TOWN
TORTOLA
TEL: 340.776.8050
FAX: 340.774.2343