



# PERIL INSURANCE CLAIM FORM

This form is to be completed when a Mortgagor suffers damage or loss to an NHT Mortgaged Property.  
The mortgagor must complete an Electronic Banking Data Authorization (EBDA) Form.

## SECTION A: MORTGAGOR DETAILS [to be completed by Mortgagor(s) or Agent acting on behalf of the Mortgagor]

1. Name of Mortgagor	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>First Name</small>	<small>Last Name</small>	<small>Middle Initial</small>
1a. Contact Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>Work</small>	<small>Home</small>	<small>Cell</small>
2. Name of Mortgagor	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>First Name</small>	<small>Last Name</small>	<small>Middle Initial</small>
2a. Contact Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>Work</small>	<small>Home</small>	<small>Cell</small>
3. Name of Agent	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>First Name</small>	<small>Last Name</small>	<small>Middle Initial</small>
3a. Contact Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>Work</small>	<small>Home</small>	<small>Cell</small>
4. Property Address	<input type="text"/>		
5. Mailing/Home Address	<input type="text"/>		
6. Cause of damage/loss	<input type="text"/>		
7. Date of damage/Loss	<input type="text"/>		
	<small>DD/MM/YYYY</small>		
8. Describe the damage/loss to the property.	<input type="text"/>		
9. State the estimated cost of the damage/loss	\$ <input type="text"/>	10. Have you done any improvement to the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. If Yes, describe the improvements.	<input type="text"/>		
12. Have you filed any claim in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	13a. If Yes, state the name of the other institution.	
13. Is there another institution with a mortgage on the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	
14. Do you have additional insurance on the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	14b. State the name of the insurer.	
14a. If Yes, state the additional insurance amount	\$ <input type="text"/>	<input type="text"/>	
15. What is the name of the policy holder/borrower of the other mortgage?	<input type="text"/>		

### DECLARATION

I understand and agree that in the event that it is discovered that any of the declarations, made by me are false, or the funds claimed and received are used for purposes other than intended, the National Housing Trust reserves the right to take all necessary steps to recover any amount(s) paid or incurred.

**NOTE:**

- All peril claims must be submitted within Fifty (50) days from the date of the occurrence of the insured peril.
- The submission of a peril claim does not guarantee an award of settlement.

Signature of the Mortgagor/Agent

Date

DD/MM/YYYY

**SECTION B: BRANCH /SERVICE CENTRE**

**(A) Loan Account Number**

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**(B) NIS #**

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**(C) TRN**

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**(D) Current Insurance Coverage**

\$

**(D) Parish of Benefit**

**(E) BENEFIT TYPE (Check the appropriate box)**

NHT Scheme Unit	<input type="checkbox"/>	Build on Own Land	<input type="checkbox"/>
NHT Serviced Lots	<input type="checkbox"/>	Home Improvement	<input type="checkbox"/>
Construction Loan	<input type="checkbox"/>	Other	<input type="text"/>
Open Market	<input type="checkbox"/>		

**(F) TYPES OF PERIL (Check the appropriate box)**

Hurricane	<input type="checkbox"/>	Flood	<input type="checkbox"/>
Earthquake	<input type="checkbox"/>	Theft	<input type="checkbox"/>
Fire	<input type="checkbox"/>	Other	<input type="text"/>
Windstorm	<input type="checkbox"/>		

**(G) SUBMISSION INFORMATION**

EBDA Form completed/uploaded

Branch/  
Service Centre

Name of Branch  
Manager/CSR

Signature

Date

dd/mm/yyyy

Date routed to Insurance Management Unit

dd/mm/yyyy

**SECTION C: INSURANCE MANAGEMENT UNIT**

**(H) PERIL CLAIM RECEIVAL**

Received by

Name of Insurance Officer

Signature

Date received

dd/mm/yyyy

**(I) PERIL CLAIM DISPATCH TO BROKER**

Submitted by

Name of Insurance Officer

Signature

Date submitted to Insurance Broker

dd/mm/yyyy

**(J) SETTLEMENT INFORMATION**

Date received from  
Insurance Broker

dd/mm/yyyy

Settlement Amount

\$

Type of  
Settlement

Full settlement

Date Submitted  
to Finance

dd/mm/yyyy

Tranches

Date Submitted  
to Branch/Srv. Centre

dd/mm/yyyy

Name of Payee

Processed by

Name of Insurance Officer

Signature

Date

dd/mm/yyyy

Reviewed by

Name of Reviewer

Signature

Date

dd/mm/yyyy

Approved by

Name of Approver

Signature

Date

dd/mm/yyyy