National Housing Trust

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** — First Name | Last Name | Middle Initial

1a. **Contact Number** — Work | Home | Cell

1b. **Email Address**

2. **Name of Mortgagor** — First Name | Last Name | Middle Initial

2a. **Contact Number** — Work | Home | Cell

2b. **Email Address**

3. **Name of Agent** — First Name | Last Name | Middle Initial

3a. **Contact Number** — Work | Home | Cell

3b. **Email Address**

4. **Property Address**

5. **Mailing/Home Address**

6. **Cause of damage/loss**

7. **Date of damage/Loss** — DD/MM/YYYY

8. **Describe the damage/loss to the property.**

9. **State the estimated cost of the damage/loss** — $

10. **Have you done any improvement to the property?** Yes ☐ No ☐

11. **If Yes, describe the improvements.**

12. **Have you filed any claim in the last 12 months?** Yes ☐ No ☐

13. **Is there another institution with a mortgage on the property?** Yes ☐ No ☐

If Yes, state the name of the other institution.

13a.

14. **Do you have additional insurance on the property?** Yes ☐ No ☐

14a. **If Yes, state the additional insurance amount** — $

14b. **State the name of the insurer.**

15. **What is the name of the policy holder/borrower of the other mortgage?**

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

FOR NHT USE ONLY

SECTION B: BRANCH /SERVICE CENTRE

(A) Loan Account Number | **(B) NIS #** | **(C) TRN**

(D) Current Insurance Coverage $

(D) Parish of Benefit

(E) BENEFIT TYPE (Check the appropriate box)

- NHT Scheme Unit ☐
- NHT Serviced Lots ☐
- Construction Loan ☐
- Open Market ☐
- Build on Own Land ☐
- Home Improvement ☐
- Other _____

(F) TYPES OF PERIL (Check the appropriate box

- Hurricane ☐
- Earthquake ☐
- Fire ☐
- Windstorm ☐
- Flood ☐
- Theft ☐
- Other _____

(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