

CYCLONE (PRE AND POST EVENT) SAFETY RECOMMENDATIONS AND PROCEDURES FOLLOWING DAMAGE FOR HOME OWNERS:

BEFORE THE CYCLONE HITS:

- Be sure trees and shrubs around your home have been well trimmed.
- Check your property for any loose material and have them tied down.
- Any property not designed to operate in the open, including outdoor furniture should be stored in a safe place.
- Secure your shutters/stores and tape all windows adequately.
- Ensure that all your guttering and downpipes are free from any obstruction which might cause overflowing.
- Clear rubbish around the property to avoid any risk of water accumulation.
- Ensure that you have sufficient potable water, dry foods and alternative sources of power (torches,...).

DURING THE CYCLONE:

- Disconnect all electrical appliances.
- Stay indoors and away from windows and glass doors.
- Do not take any initiative to exposing yourself and others to risk of injury.

AFTER THE CYCLONE:

If you have suffered loss or damage:

- Take photos showing the extent of loss or damage and remove water, mud, silt from your premises.
- Advise us as soon as possible of the damage by calling us on **207 3444**.
- Without delay, take necessary preliminary actions to avoid any further damage- e.g. temporary repairs.
- As far as possible do not discard the damaged property which will be inspected by surveyor
- Do not switch on electrical appliances which are wet.
- As soon as practicable, a loss adjuster/surveyor will be sent to your premises to assess the extent and quantum of damage.



HOW TO SUBMIT A CLAIM:

- The claim form to be filled can be downloaded from our website:

<https://www.swanforlife.com/en/useful-links/make-a-claim/claim-notification-non-motor-insurance>

Please include your insurance policy number.

- Make a list of the damaged items; separate for buildings, contents, equipments.
- Submit all the pictures taken showing the extent of damage.
- Submit the estimated cost of repairs or replacement of damaged items supported by quotations from your suppliers or repairers.



POLICY NO.

CLAIM No.

NON-MOTOR CLAIM FORM

A. THE INSURED

(1) Name

(2) Address

..... Tel. No.

..... Fax. No.

..... E-mail:

B. THE OCCURRENCE

(1) Date Place

(2) Details of occurrence

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C. THE LOSS

(1) Details of loss/damage

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(2) Estimate of loss/damage Rs

(3) Supporting documents attached to the claim form

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D. MISCELLANEOUS

(1) Has the Police Authority and/or Fire Service been notified of this loss/damage? YES / NO

(2) Address of Police Station and/or Fire Brigade

(3) Is there any other insurance covering this property?

YES / NO

If yes, please give details
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(4) Give details of all other parties having an interest in the property

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E. REINSTATEMENT OF SUM INSURED

The sum insured under your policy will be reduced by the amount of indemnity which will be paid if your claim is entertained. If you intend to repair or replace the damage or lost property, please indicate below if the sum insured is to be reinstated to its initial amount, in which case a pro rata additional premium up to the expiry date will be charged.

Please reinstate the sum insured to its original amount and send me/us a debit note for the additional premium payable.

Signature

F. SIGNATURE

I/We hereby declare that the foregoing particulars are true and correct and that I/We have not concealed any information. I/We undertake to render every assistance in my/our power in dealing with the present matter.

Date:

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Insured's SIGNATURE