



Claims Notification

INSURANCE

A TDC Group subsidiary

Quick Claims Notification

Please submit your Quick Claims Notification to us and we will endeavour to respond within two working days.

Customer Title*	- Please Select -	Policy Number		
Customer First Name*		Existing claim reference number		
Customer Last Name*		Third party involved	- Please Select - Yes No	
House number and Street*		Are you a third party and contacting us about a claim?	- Please Select - Yes No	
Town / City*		Name of third party		
Country / Location*	- Please Select -	Third party telephone number		
Postcode*		Third party email address		
Your Telephone*				
Your Mobile				
Your Email Address*				
Date and Time of loss / damage	DDMMYYYY	hh:mm	Policy Type* - Please Select - Home Motor Travel Pleasure Craft	
When can we call you?*	- Please Select - Monday Tuesday Wednesday...	- Please Select - hh:mm—hh:mm hh:mm—hh:mm	How would you like us to contact you?*	- Please Select - Telephone Mobile Email
Brief description of loss / damage incident*				

SUBMIT





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Claims Notification

You have successfully notified us of your claim...

Your Claim Reference No.

XXXXXXXX

If this is the first time you have contacted us regarding your claim, you may need to download the appropriate claims notification form from the links below and return your completed form to us.

For any queries regarding your claim call us on XXXX-XXXXXXXX

Please follow the links and download our claims notification form to provide us with further information regarding your claim.

[TDC Insurance_Claims Notification Form_Home.pdf](#)

[TDC Insurance_Claims Notification Form_Motor.pdf](#)

[TDC Insurance_Claims Notification Form_Travel.pdf](#)

[TDC Insurance_Claims Notification Form_Pleasure craft.pdf](#)

Please post your completed claims notification form to:

**TDC Insurance
Human Resource Department
St. Kitts Nevis Anguilla Trading and Development Co. Ltd
P.O. Box 142, Fort Street
Basseterre, St. Kitts**

Alternatively you can scan and email your completed claims notification form to:

claims_notification@tdcinsurance.xx