JN GENERAL INSURANCE COMPANY LIMITED
Head Office: 9 King Street, Kingston
P.O. Box 395, Kingston, Jamaica, W.I.
Tel: (876) 922-1460, Fax: (876) 922-4045
email: info@jngijamaica.com website: www.jngijamaica.com

CATASTROPHE CLAIM FORM

Policy No:	Claim No:
Name of Insured:	
Address of Insured:	Tel:
Occupation/Trade:	
Name of Contact Person in the event of Insured being unavailable:	
Address and telephone of contact:	
Address of Loss:	
Brief directions to property:	
Use of building:	
Other Interests such as Bank/Building Society Branch Name: Address: Telephone No:	
Time, Day and Date of loss:	Cause of Damage:
Approximate Date of Original Construction:- _____ Material of Roof: _____ Material of Walls: _____ Full Description of the Nature & Extent of Damage:	
SUM INSURED (HOUSEHOLD): Buildings: $ _____ Contents: 1.Household Goods & Personal Effects $_____ 2.Other $_____	Estimated cost of repairs to Building (please attach copies of estimates obtained) Estimated Value of your loss to: 1.Household Goods, Furniture & Personal Effects $_____ 2.Other $_____

THE DETAILS REQUIRED ON THE BACK OF THIS FORM MUST BE GIVEN

(P.T.O)

FOR OFFICIAL USE (JNGI) ONLY

ACKNOWLEDGEMENT

We acknowledge your submission of claim.....dated ..... We will be assigning our Loss Adjuster within the next..... days to access the damage done. In order to expedite the process of your claim, please provide us with an estimate of damage (if you have not already done so). Please note the claim number given for easier reference.

***Signed (JN General Insurance Company Limited.)*.....**

JN GENERAL INSURANCE COMPANY LIMITED—CATASTROPHE CLAIMS FORM---SIDE 2

SUM INSURED: (COMMERCIAL)	Estimated Cost of repairs to Building (Please attach copies of estimates obtained) $_____
Buildings: $ _____ Contents: 1.Machinery, Plant & Business Equipment $_____ 2.Stock in Trade: - Raw Materials $_____ - Finished Goods $_____ 3. Other $_____	Estimated Value of your loss to: 1.Machinery, Plant & Business Equipment $_____ 2.Stock in Trade: - Raw Materials $_____ - Finished Goods $_____ 3. Other $_____
FOR BUSINESS INTERRUPTION ONLY: 1.Total Turnover in Previous Year $_____ 2.Gross Profit Achieved In Previous Year $_____ 3.Name & Address of Accountant:	SUM INSURED: 1.Gross Profit $_____ 2.Wages $_____ 3.Increase in cost of working $_____ Amounts Claimed: $_____ (attach details)

Give full particulars of any other existing insurances on the property whether effected by the Insured or by any other person. If no other such insurance write **'NONE'**	Other Co.	Policy No.	Sum Insured	Property

Additional Information (if necessary)

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This Information must be completed in all respects and returned to JNGI within thirty (30) days of occurrence.

(**IF YOU HAVE COMPLETED AND SIGNED OVERLEAF THE INFORMATION STATED BELOW, PLEASE IGNORE**)

I.....do hereby warrant that the above is a full, true and accurate statement, and I further declare that the articles mentioned including information mentioned on the other side of this document, being by property and insured under the above-named Policy or Policies, were destroyed or damaged by the stated occurrence according to the extent and values detailed, wherefore I claim from JN General Insurance Company Limited. The sum of $.....

Signature of Claimant:.....

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CLAIMS ACKNOWLEDGEMENT SLIP