



INSURANCE COMPANY JAMAICA LIMITED
'SYNERGY' SUPERIOR BUSINESS PACKAGE

CLAIM FORM

Insured:.....

Date of Loss:.....

Type of Loss:.....

Location of Loss:.....

Amount being Claimed:

Name of Injured Party:

Nature of Injuries:.....

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I/We certify that the above information is true and accurate to the best of my/our knowledge and belief.

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Signature

.....
Date