



INSURANCE COMPANY JAMAICA LIMITED

58 HALF WAY TREE ROAD, KINGSTON 10.

All losses by theft/burglary or housebreaking must be reported to the police immediately.

Claim for LOSS or DAMAGE	Date and time of occurrence _____ 20____
	Report to police at _____ 20____
	Address of Police Station _____

Name	POLICY NUMBER
	RENEWAL DATE
Address.....	
.....	
Occupation	Telephone #.....
How did loss, damage or destruction occur?	
.....	
.....	
.....	
OTHER PERSONS WHO HAVE KNOWLEDGE OF THE CIRCUMSTANCES	
Name(s)	Address(es)
Telephone #	
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.....

PARTICULARS OF CLAIM

NOTES:-

1. BUILDINGS AND CONTENTS ITEMS - Where repairs are practicable, the cost of repairs should be inserted in Column 7 and an estimate supplied.
2. CONTENTS ONLY - For claims in respect of clothing and household linen, the amount claimed will be Column 5 minus Column 6.
3. FOR ALL OTHER PROPERTY -
 - (a) INDEMNITY POLICIES - The amount claimed will be Column 5 minus Column 6 unless the item(s) affected is/are less than 5 years old when amount claimed will be Column 4 minus Column 6.
 - (b) REPLACEMENT POLICES - The amount claimed will be Column 4 minus Column 6.

Details of property destroyed/ lost or damaged	Date when bought	Original Purchase Price	Cost to Replace	Value at time of loss, less allowance for age/or wear & tear	Value of Salvage	Amount Claimed
1.	2.	3.	4.	5.	6.	7.
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Is the property insured only by this Corporation? Yes/No If 'No' please give details as follows:

Insurer	Policy Number	Sum Insured
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I/We wish to claim under the above numbered policy for the above property which was lost, destroyed or damaged as stated. I/we declare that the property belongs to me/us, my/our family or servants and that the property is not insured elsewhere except as stated. I/We warrant that it is a true statement and that it does not contain false or exaggerated information.

Date..... Signature.....