



JAMAICA INTERNATIONAL INSURANCE COMPANY LIMITED

19 - 21 Knutsford Boulevard, New Kingston, P.O. Box 514, Kingston 5, Jamaica

Telephone No: (876) 926-3204 to 8, Fax No. (876) 968-1920

Website: www.jiiconline.com

E-mail: jiic@gkco.com or info@jiiconline.com

BURGLARY CLAIM FORM

This Form should be completed and returned within seven days of its receipt by the Insured.

PARTICULARS OF CLAIM

Name of Company: _____ Branch: _____ Policy No. _____

Name of Insured in full _____

E-mail Address _____ Date of payment of last premium _____

Full address of the premises where the theft took place _____ Tel. No. _____

Business Address _____ Tel. No. _____

1. On what date and between what hours were your premises broken into?	
2. On what date and hour was the robbery discovered and by whom?	
3. Which rooms were rifled?	
4. Describe means by which entry was obtained and state what doors or windows were forced.	
5. Were the premises occupied at the time? If not, upon what date and at what hour were they last occupied	
6. Do your suspicions rest upon anyone, and if so, whom?	
7. Give date the police were advised and name of police station (The police must be advised promptly in all cases)	
8. Are you the sole owner of the property stolen or damaged? If not, give name of owner.	
9. Are there any other insurances against theft upon the same property?	
10. What was the value of the total contents of your premises at the time of the loss?	
11. Have you ever before sustained loss by fire, burglary, housebreaking or larceny? Was a claim made upon any Company pr underwriters? Is give names, date, nature of loss and amount paid.	

I HEREBY WARRANT the truth of the foregoing statements

Signature _____

Date _____

NOTE :- The back of this Form must be completed.

