



**KEY INSURANCE COMPANY LIMITED**

Registered Office: Victoria Mutual Building (Ground Floor)

53 Knutsford Boulevard, New Kingston, Kingston 5,

Tel -929-7940-3 / Fax – 929-7944

Email: [kevins@jol.com.jm](mailto:kevins@jol.com.jm)

**Fraud Warning**

***"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. Insurance fraud includes inflating or padding actual claims."***

**PROPERTY CLAIM FORM**

Name:

Company Claim No.: **HI-**

Broker Claim No.:

Home/Postal Address:

Telephone No. Work:

Home:

Cellular:

Email address

Address of Loss if different from above:

Policy No.:

Agent/Broker:

Date of damage:

Policy Period:

Details of damage:

Estimate attached: \$

Yes  No

Mortgagee:

Any other instructions:

Any other Insurance?

**NB. Estimate to be obtained urgently**

I declare the above information to be true and correct.

Signed:.....

Date:.....

**For Official Use Only**

Insurance in force	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Adjuster	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Decline/Special Action	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Local Co-Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Facultative Reinsurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Treaty	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____