



West Indies Alliance Insurance Company Limited

23 Dominica Drive
P.O. Box 127, Kingston 5
Jamaica

Telephone (876) 929-8080-3
Facsimile (876) 960-3179
Email wia@kasnet.com

Fire & Other Perils (A)

Dear Sir,
Madam,

Our ref
Claim No.
Policy(ies) no(s)

With reference to your notification of claim, please complete the form overleaf and return to the above address as soon as possible.

A builder's estimate of the cost of repair is required and should follow if it is not immediately available.

Yours faithfully,

For the Company

Fire Loss Claim Form

1. Insured

Policy No. _____

Name of Insured _____

Address _____

Tel. No. _____

Business Address _____

Tel. No. _____

2. Details of loss

Address where loss or damage occurred _____

Date of loss or damage _____

Cause of loss or damage _____

(full details to be given and if fire, state how it originated)

3. Interest

Are there any other persons interested in the property? (e.g. mortgages, lessors, etc) _____

If so, state name(s) and interest(s) _____

State the interest of the insured in the property

(e.g. owner, mortgagor, tenant, etc.) _____

Are there any other insurances in force covering the property?

If so, complete following section.

Name and address of other insurer(s) _____

Policy No(s) _____

4. Particulars of claim

Note: Claims involving repairs or rebuilding work should be accompanied by a tradesmen's or builder's estimate which can be forwarded later if not immediately available

Details	Amount claimed		
	\$		

Total \$			

Any additional information _____

Declaration

I/We hereby declare that the information given on this form is true to the best of my/our knowledge and belief .

Signature _____