



# AMERICAN HOME ASSURANCE COMPANY

The Towers, 5th Floor, 25 Dominica Drive, P.O. Box 489, Kingston 5, Jamaica



BEFORE FILLING UP THIS FORM. PLEASE READ INSTRUCTIONS ON PAGE 2

## CLAIM FOR FIRE LOSS UNDER POLICY No. ....

I/We .....  
of .....  
being insured under the above-mentioned Policy, do hereby declare and set forth  
that on or about ..... o'clock.....m.

(1) State place where the fire originated, whether in dwelling, retail shop, etc.

on the..... day of..... 20.....  
a fire occurred in the.....  
(1)

(2) State name of property, town or district.

.....  
at..... occasioned, to the best of.....  
(2)

(3) State by what means fire is supposed to have originated.

knowledge and belief by.....  
(3)

And..... further declare that the Property mentioned on the other side,  
and insured under the..... item of Policy No..... of the  
American Home Assurance Company was destroyed  
or damaged by the said Fire to the extent of the amounts as set out overleaf.

\* Here state nature of interest, whether sole owner or holding the property in trust or on commission or otherwise or as Mortgagee.

And..... also further declare that° .....

of the before-mentioned Property, and that it is not otherwise insured in the  
American Home Assurance Company, or in any other  
Office or with any other Underwriter or Underwriters except as undermentioned.

Other Insurances on the same property claimed for hereunder are:—

\* Here insert "No other Insurance" if the property is insured only with the

\$ in the °..... Insurance Company  
\$ in the..... Insurance Company  
\$ in the..... Insurance Company  
\$ in the..... Insurance Company

As witness my hand this..... day of..... 20.....

Signature of the Claimant.....

Taken and declared at.....

this..... day of..... 20.....

# INSTRUCTIONS REGARDING CLAIMS

---

When a Fire occurs the Insured is, within fifteen days after, at the latest, to deliver to the Company an Account of the several articles or matters damaged or destroyed by Fire, with the estimated CASH VALUE of each of them respectively immediately before the Fire. When property hereby insured is only partially damaged by Fire, no abandonment thereof will be allowed unless by consent of the Company or its Agents.

The CASH VALUE of property destroyed or damaged by Fire shall in no case exceed what would be the cost to the Insured of replacing the same; and in case of the depreciation of such property from use, or otherwise, a corresponding deduction shall be made from the cost of replacement in order to ascertain the actual CASH VALUE immediately before the Fire.

CAUSE OF FIRE. To be stated as explicitly as possible and, where the cause is undiscovered, any suspicion of incendiarism to be mentioned.

The following particulars are required when the claim relates to:

## 1. BUILDING.

- a. A Builder's or Architect's plan and estimate (obtained at the expense of the Insured) giving dimensions and prices of the work required to place the building *in the same state of repair as before the fire*. No contemplated improvements to be included in the estimate.
- b. The Insured to state whether he holds the property as sole or part owner, or otherwise.

## 2. FURNITURE.

- a. A complete list of articles damaged or destroyed.
- b. Cost price of each, and when bought.
- c. Value of each immediately before the fire, after deduction for past wear and tear.
- d. Value of salvage.

## 3. GOODS AND MERCHANDISE.

- a. List of articles damaged or destroyed.
- b. The price of each, according to the market value of the goods immediately before the fire.
- c. Value of salvage.

N.B.—When the Policy is subject to Average a full and exact statement of the whole value of the property within the protection of the Policy, or of the item or items under which the claim is made must be furnished.

# PARTICULARS OF THE CLAIM TO BE GIVEN IN DETAIL

Quantity	Description of the Property Destroyed or Damaged.	Price	Value Immediately Before The Fire		Value Of Salvage		Amount Claimed	

*I declare that these particulars are true and complete.*

*Signature of Insured.....*

*Date .....*

