



BRANCHES:

HEAD OFFICE: 53 Knutsford Boulevard, Kingston 5. Telephone: 876-968-0600-6, Fax: 876-926-3957
 Half-Way Tree: 73 - 75 Half-Way Tree Road. Kingston 10. Telephone: 876-920-0600, Fax: 876-968-0146
 Mandeville: Shop #3, Manchester Shopping Centre, Telephone: 876-962-3778, Fax: 876-962-1088
 Montego Bay: 7 Market Street, Montego Bay, St. James Telephone: 876-952-1272, Fax: 876-979-0320
 Portmore: Lot1, Seagrape Close, Portmore Town Centre. Portmore, St. Catherine Telephone: 876-704-2862, Fax: 876-939-8446

CATASTROPHE CLAIM FORM

CLAIM NO.

ACCOUNT NO: BRANCH:

POLICY NO:SUM INSURED

POLICY PERIOD:

INSURED:

INSURED'S POSTAL ADDRESS:

..... TELEPHONE NO:

NAME, ADDRESS & TELEPHONE NO. OF CONTACT PERSON (IF DIFFERENT FROM INSURED)

.....

DATE OF LOSS: TIME OF LOSS: A.M./P.M.

ADDRESS OF LOSS:

NATURE OF OCCURRENCE:

DESCRIPTION OF LOSS/DAMAGE

.....

FOR WHAT PURPOSE WERE THE PREMISES OCCUPIED AT THE DATE OF THE LOSS?

.....
 If there is more than one building, please describe damage to each building.

Damage to contents must be detailed on a separate sheet.

ESTIMATED COST OF REPAIRS IF KNOWN:

PLEASE SUBMIT WRITTEN ESTIMATE AS SOON AS POSSIBLE.

IS THE INSURED THE SOLE OWNER OF THE PROPERTY?

If not, please state full particulars of any

Other interested party, e.g. Mortgagee

Give full particulars of any other existing

Insurance Company:

Insurance on the Property whether effected

Name of Insured:

by the Insured or by any other person.

Sum Insured:

If no such Other Insurance write 'NONE'

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I/We of

..... do hereby declare that the above is a full, true and accurate statement and that I/we have withheld no information material to the claim, and I/we further declare that the articles mentioned on the attached sheets being my/our property and insured under the above named Policy or Policies were destroyed or damaged by the aforesaid peril.

Date

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SIGNATURE OF INSURED