



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

PUBLIC LIABILITY INSURANCE CLAIM FORM

(The Company does not admit liability by the Issue of this form)

CLAIM NO.

Policy No. Date of payment of last premium

Name of Insured

Address

Occupation

Date of Accident Time

Where did the accident occur?

Cause of Accident and the circumstances under which it arose

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Names and Addresses of Witnesses (1)

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(2)

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Full details of injuries or damage sustained:

(a) Bodily injuries

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(b) Damage of property

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I HEREBY DECLARE THAT THE ABOVE IS A FULL, TRUE AND ACCURATE STATEMENT.

Date Insured's Signature