



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 IN SECTION B

SECTION A

CLAIM FOR PROPERTY LOSS UNDER POLICY No.

Name of Insured.....

Address.....

TRN#..... Email address.....

Telephone No..... Contact Person.....

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

being insured under the above-mentioned Policy, do hereby declare and set forth that on or about.....o'clock.....m. on the.....day of.....20.....

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

a loss as described in section D occurred in the.....⁽¹⁾

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

at.....⁽²⁾.....occasioned, to the best of.....⁽³⁾.....knowledge and belief by.....

And.....further declare that the Property mentioned in section C, and insured under the.....item of Policy No. of the American Home Assurance Company was destroyed or damaged by the said event to the extent of the amounts as set out in section c.

* 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.....is.....

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.

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

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

- \$ in the.....Insurance Company
- \$ in the.....Insurance Company
- \$ in the.....Insurance Company
- \$ in the.....Insurance Company

As witness my hand thisday of20.....

Signature of the Claimant.....

Taken and declared at.....

this.....day of20.....

The American Home Assurance Company



(Turn Over)

INSTRUCTIONS REGARDING CLAIMS

SECTION B

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

The CASH VALUE of property destroyed or damaged by event 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 event.

CAUSE OF LOSS/DAMAGE. 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 event*. 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 event, after deductions 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 event.
- 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

SECTION C

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

I declare that these particulars are true and complete.

Signature of Insured.....

Date.....

