



**GENERAL ACCIDENT INSURANCE COMPANY JAMAICA LIMITED**  
 58 HALF WAY TREE ROAD, KINGSTON 10

**CATASTROPHE REPORT**

Claim for <b>LOSS OR DAMAGE</b>	Date and time of occurrence.....am/pm.....20.....
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<b>POLICY NUMBER</b>				<b>RENEWAL DATE</b>			
<b>Name</b>							
<b>Address</b>							
<b>Occupation</b>				<b>Email Address</b>			
<b>Telephone</b>	<b>Home</b>		<b>Work</b>		<b>Mobile</b>		<b>Fax</b>
<b>Mortgagee</b>							
<b>Loss Location</b>							
<b>How did loss/damage or destruction occur?</b>							
ESTIMATE ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No							
Is this property insured only by this Corporation ? <input type="checkbox"/> Yes <input type="checkbox"/> No				If 'No' please give details as follows:			
<b>Insurer</b>		<b>Policy Number</b>			<b>Sum Insured</b>		
I/We wish to claim under the above numbered policy for the above property, which was lost, destroyed or damaged as stated. I/We declare that the property belong(s) to me/us, my/our family or servants and that the property is not insured elsewhere except as stated. I/We warrant that this is a true statement and that it does not contain false or exaggerated information.							
<b>Date</b>				<b>Signature</b>			
<b>Please affix company stamp where Policyholder is in the name of a company.</b>							