



KEY INSURANCE COMPANY LIMITED

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CLAIM FOR LOSS OR DAMAGE

1. Policy No.

2. Name of Insured

3. Address

4. Is the claim for loss or for damage?

5. Date and time of loss

6. a. Place of loss

b. Circumstances of loss

7. What is the amount of Loss (Please separate cash / cheques/ Money Orders?)

8. Do you have any suspicions as to who may be implicated in the loss? If so, please give full particulars.

9. If Employees are Involved, Please give full particulars regarding such employees.

10. If you answered question 9. Please advise how long they have been in your employ.

11. Do you have any other policies covering this Loss?

12. If the Money was in the custody of a carrier at the time of the loss has a formal claim been against the carrier? If so when?
(Please attach copies of demand correspondence)

13. Was a check or receipt received from the carrier?

14. Have the Police been notified? If so, what station and on what date? (Please be advised that a Police Report should be furnished to the Company for claim processing)

15. How often are transits made?

16. How many employees are engaged in transit?

17. What is the Maximum amount of transit for any one transit?

18. What is the Estimated Annual amount of cash carried during the period of Insurance?

19. Have you ever suffered a loss of this nature before? Please provide details if yes.

NOTE DOCUMENTATION REQUIRED: All documents relative to the loss of Money which may include

- receipts from carrier if applicable
- receipts for monies collected
- a copy of the Contract with the carrier if applicable
- a copy of the letter making a claim against the carrier
- A copy of the Carrier's reply if applicable
- Police Report

DECLARATION

WE DO SOLEMNLY DECLARE that the money referred to in this claim belongs to me/us and is Insured under the said policy stated in the overleaf. We further declare that the money was either lost or stolen as indicated herein and the amount stated represents the sum that I/ We are entitled to claim.

We further declare that no other person has any interest in the money being claimed for and that we have not withheld any material information and the statements made in this form are to the best of my/ our/ knowledge and belief correct.

Signature of Claimant.....

Date.....

COMPANY SEAL