



JN GENERAL INSURANCE COMPANY LIMITED
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NOT TO BE USED FOR VEHICLE ACCIDENTS.

NOTICE OF ACCIDENT---PUBLIC LIABILITY INSURANCE.

NOTE: - This form should be completed and returned to the Company as soon as possible, whether or not a claim is being made.

DO NOT DISCLOSE THAT YOU ARE INSURED.

1. Name of Insured _____ Phone No. _____
 Address _____ Policy No. _____
 _____ Occupation _____

2. State carefully: Date of accident _____ Time _____
 Place where accident occurred: _____

3. Give full details of how accident occurred: _____

4. Give Name and Addresses of all Witnesses: (State if own employee or independent)

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5. What work were you or your employee engaged to do? _____

Name and Address of person who caused or was to blame for the accident _____

Name and Address of his employer if other than Insured _____

6. Were particulars taken by the police? _____

If so, give number and station of
 Officer taking particulars _____

7. Do you hold any other policies
 Covering you for this accident? _____

If so, give particulars _____

PARTICULARS OF POSSIBLE CLAIMANT.

8. Name _____
 Address _____
 State nature of Injury
 or damage: _____

9. Have you received notice of Claim? _____

If so from whom, when and in what form _____

If claim in writing please forward with is form _____

1 (We) hereby declare the foregoing particulars to be true and correct.

Signature _____
 Date _____