



# NEM INSURANCE COMPANY (JAMAICA) LIMITED

HEAD OFFICE: N.E.M. HOUSE, 9 KING STREET, P.O. BOX 395, KGN., JA., W.I.  
TEL: (876) 922-1460-5, 8200-5 EMAIL: info@nemjam.com

<input type="checkbox"/> <b>KINGSTON</b> 9 King Street P.O. Box 395 Kingston, Ja. Tel: (876) 922-1460-5, 8200-5 Fax: (876) 922-4045	<input type="checkbox"/> <b>MONTEGO BAY</b> Mutual Life Annex 30 Market Street P.O. Box 68, Mo-Bay Tel: (876) 952-4365-7 Fax: (876) 979-0034	<input type="checkbox"/> <b>MANDEVILLE</b> Mandeville Plaza P.O. Box 48 Mandeville Tel: (876) 962-2861, 2851 Fax: (876) 962-3651	<input type="checkbox"/> <b>OCHO RIOS</b> Shop #7, JNBS Building Cnr. Dacosta Drive & Graham Street Tel: (876) 974-3973, 5993 Fax: (876) 974-9317
<input type="checkbox"/> <b>SANTA CRUZ</b> Coke Drive Santa Cruz Tel: (876) 966-2215, 9093 Fax: (876) 966-2215	<input type="checkbox"/> <b>PORT ANTONIO</b> Unit #17, City Centre Plaza 6-8 Harbour Street Port Antonio Tel: (876) 993-2135, 9870 Fax: (876) 993-9870	<input type="checkbox"/> <b>NEGRIL</b> Normal Manley Blvd. Negril Tel: (876) 957-3544-5, 9197 Fax: (876) 957-3545	

## CATASTROPHE CLAIM FORM

Policy No.:		Claim No.:	
Name of Insured:			
Address of Insured:		Tel.:	
Occupation/Trade:			
Name of contact person in event of Insured being unavailable:			
Address and telephone of contact:			
Address of Loss:			
Brief directions to property:			
Use of Building:			
Other Interests such as Bank/Building Society			
Branch Name:			
Address:			
Telephone No.:			
Time, Day and Date of loss:		Cause of Damage:	
Approximate Date of Original Construction: - _____			
Material of Roof: _____			
Material of Walls: _____			
Full Description of the Nature & Extent of Damage:			
SUM INSURED (HOUSEHOLD):		Estimated cost of repairs to Building (please attach copies of estimates obtained) \$ _____	
Buildings: \$ _____		Estimated Value of your loss to:	
Contents:		1. Household Goods, Furniture & Personal Effects \$ _____	
1. Household Goods & Personal Effects \$ _____		2. Other \$ _____	
2. Other \$ _____			

**THE DETAILS REQUIRED ON THE BACK OF THIS FORM MUST BE GIVEN**

**FOR OFFICIAL USE (NEM) ONLY**

**(P.T.O.)**

**ACKNOWLEDGEMENT**

We acknowledge your submission of claim ..... dated ..... We will be assigning our Loss Adjuster within the next ..... days to access the damage done. In order to expedite the process of your claim, please provide us with an estimate of damage (if you have not already done so). Please note the claim number given for easier reference.

*Signed (NEM Insurance Co. Ltd.)* .....

**N.E.M INSURANCE (JAMAICA) LIMITED -- CATASTROPHE CLAIMS FORMS -- SIDE 2**

<p><b>SUM INSURED: (COMMERCIAL)</b></p> <p>Buildings: \$ _____</p> <p>Contents:</p> <p>1. Machinery, Plant &amp; Business Equipment \$ _____</p> <p>2. Stock in Trade:</p> <p style="padding-left: 20px;">- Raw Materials \$ _____</p> <p style="padding-left: 20px;">- Finished Goods \$ _____</p> <p>3. Other \$ _____</p>	<p>Estimated cost of repairs to Building (please attach copies of estimates obtained) \$ _____</p> <p>Estimated Value of your loss to:</p> <p>1. Machinery, Plant &amp; Business Equipment \$ _____</p> <p>2. Stock in Trade:</p> <p style="padding-left: 20px;">- Raw Materials \$ _____</p> <p style="padding-left: 20px;">- Finished Goods \$ _____</p> <p>3 Other \$ _____</p>			
<p><b>FOR BUSINESS INTERRUPTION ONLY:</b></p> <p>1. Total Turnover in Previous Year \$ _____</p> <p>2. Gross Profit Achieved In Previous Year \$ _____</p> <p>3. Name &amp; Address of Accountant:</p>	<p><b>SUM INSURED:</b></p> <p>1. Gross Profit \$</p> <p>2. Wages \$</p> <p>3. Increase in cost of working \$</p> <p>Amounts Claimed: \$ _____ (attach details)</p>			
<p>Give full particulars of any other existing insurances on the property whether effected by the Insured or by any other other person.</p> <p>If no other such insurance write '<b>NONE</b>'</p>	Other Co.	Policy No.	Sum Insured	Property
<p>Additional Information(if necessary)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>				
<p><b>This form must be completed in all respects and returned to NEM within thirty (30) days of occurrence.</b></p>				

**(IF YOU HAVE COMPLETED AND SIGNED OVERLEAF THE INFORMATION STATED BELOW, PLEASE IGNORE)**

I ..... do hereby warrant that the above is a full, true and accurate statement, and I further declare that the articles mentioned including information mentioned on the other side of this document, being by property and insured under the above-named Policy or Policies, were destroyed or damaged by the stated occurrence according to the extent and values detailed, wherefore I claim from N.E.M. Insurance Company (Ja.) Ltd. the sum of \$ .....

*Signature of Claimant:* .....

---

**FOR OFFICIAL USE (NEM) ONLY**

---

**NEM INSURANCE COMPANY LIMITED**



**CLAIMS ACKNOWLEDGEMENT SLIP**