



INSURANCE COMPANY JAMAICA LIMITED

All losses by theft/burglary or housebreaking must be reported to the police immediately.

Claim for LOSS OR DAMAGE	Date and time of occurrence _____
	Report to police at _____
	Address of Police Station _____

Name _____	POLICY NUMBER
Address _____	RENEWAL DATE
Occupation _____ Tele. #: _____	<p style="text-align: center;">VAT ALL POLICYHOLDERS ARE REQUESTED TO COMPLETE Please give/confirm instructions on my behalf (where appropriate for the repair of the property/ vehicle that is the subject of or included in this claim. VAT REGISTERED NO. (If not registered, write "NONE")</p> <p style="text-align: center;">VAT STATUS If partially exempt, ad recovery %</p> <p style="text-align: center;">VAT OFFICE ADDRESS</p>
How did loss, damage or destruction occur?	
OTHER PERSONS WHO HAVE KNOWLEDGE OF THE CIRCUMSTANCES	
Name(s)	Address (es)

PARTICULARS OF CLAIM

NOTES:-

1. BUILDING AND CONTENTS ITEMS – where repairs are practicable, the cost of repairs should be inserted in column 7 and an estimate supplied.
2. CONTENTS ONLY - For claims in respect of clothing and household linen, the amount claimed will be Column 5 minus Column 6.
3. FOR ALL OTHER PROPERTY –
 - a. INDEMNITY POLICIES – The amount claimed will be Column 5 minus Column 6 unless the item(s) affected is/are less than 5 years old when amount claimed will be Column 4 minus Column 6
 - b. REPLACEMENT POLICIES – The amount claimed will be Column 4 minus Column 6.

Details of property destroyed/ lost or damaged	Date when bought	Original Purchase Price	Cost to replace	Value at time of loss, less allowance for age/or wear & tear	Value of Salvage	Amount Claimed
1.	2.	3.	4.	5.	6.	7.

Is the property insured only by this Corporation? Yes/No If 'No' please give details as follows:

Insurer	Policy Number	Sum Insured

I/We wish to claim under the above numbered policy for the above property that 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 it is a true statement and that it does not contain false or exaggerated information.

Date _____ Signature _____