



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

CATASTROPHE REPORT

Claim for LOSS OR DAMAGE	Date and time of occurrence.....am/pm.....20.....
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POLICY NUMBER				RENEWAL DATE			
Name							
Address							
Occupation				Email Address			
Telephone	Home		Work		Mobile		Fax
Mortgagee							
Loss Location							
How did loss/damage or destruction occur?							
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:			
Insurer		Policy Number			Sum Insured		
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.							
Date				Signature			
Please affix company stamp where Policyholder is in the name of a company.							