



**INSURANCE COMPANY JAMAICA LTD.**  
 58 HALF WAY TREE ROAD, KINGSTON 10, JAMAICA W.I.

**PUBLIC LIABILITY  
CLAIM**

POLICY NO. AND RENEWAL DATE	
ISSUING COMPANY	
Have you any other similar Policy in force?	If so, please give Name of Company and Policy No.
<input type="checkbox"/> YES or <input type="checkbox"/> NO	

<b>1 POLICY HOLDER'S NAME</b>   OCCUPATION, TRADE OR BUSINESS	ADDRESS    TELEPHONE NO.
<b>2 NAME OF PERSON INJURED</b>   PROFESSION OR OCCUPATION	ADDRESS    TELEPHONE NO.
DESCRIBE THE NATURE OF THE INJURIES	IF REMOVED TO HOSPITAL OR OTHERWISE MEDICALLY EXAMINED' PLEASE STATE NAME AND ADDRESS OF DOCTOR OR HOSPITAL.
<b>3 NAME OF OWNER OF DAMAGED PROPERTY</b>   PROFESSION OR OCCUPATION	ADDRESS    TELEPHONE NO.
DESCRIBE THE NATURE OF THE DAMAGE	

<b>IMPORTANT NOTE</b> If a claim has been received please advise us immediately and forward and the letter unanswered.	If any claim has been Made against you state for what amount. \$
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<b>4 DESCRIPTION OF THE OCCURRENCE</b>
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SKETCH PLAN IF REQUIRED

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**5** DATE OF OCCURRENCE \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. \_\_\_\_\_

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WHEN WAS THE OCCURRENCE FIRST REPORTED TO YOU OR YOUR REPRESENTATIVE? \_\_\_\_\_

IF NOT REPORTED TO YOU, TO WHOM HAS THE OCCURRENCE REPORTED? \_\_\_\_\_

WHERE DID IT OCCUR? \_\_\_\_\_

IF IN OR ABOUT A BUILDING STATE \_\_\_\_\_

(a) WHETHER OWNED AND OCCUPIED BY YOU \_\_\_\_\_

(b) IF NOT, BY WHOM? \_\_\_\_\_

(c) TYPE OF BUILDING ( SHOP, FACTORY, ETC) \_\_\_\_\_

NATURE OF WORK BEING PERFORMED AT TIME OF OCCURRENCE \_\_\_\_\_

WAS OCCURRENCE DUE TO NEGLIGENCE? \_\_\_\_\_

IF SO, GIVE NAME AND ADDRESS AND OCCUPATION OF THE PERSON WHOSE NEGLIGENCE CAUSED THE OCCURRENCE \_\_\_\_\_

WHAT NEGLIGENCE IS ALLEGED? \_\_\_\_\_

IF THE PERSON IS NOT IN YOUR EMPLOYMENT, STATE BY WHOM EMPLOYED \_\_\_\_\_

HAS INJURED PARTY OR ANY OTHER PERSON ADMITTED NEGLIGENCE? \_\_\_\_\_

IF SO, GIVE NAME AND ADDRESS \_\_\_\_\_

IF YOU WERE A SUB-CONTRACTOR, GIVE NAME AND ADDRESS OF PRINCIPAL CONTRACTOR \_\_\_\_\_

NAMES AND ADDRESSES OF WITNESSES \_\_\_\_\_

*I/WE certify that foregoing statement is a true account of the best of my/our knowledge and belief.*

SIGNATURE OF POLICYHOLDER.....DATE.....

NOTE: The designation of the person signing must be given.