

**JAMAICA INTERNATIONAL INSURANCE COMPANY LIMITED**

19 - 21 Knutsford Boulevard, New Kingston, P.O. Box 514, Kingston 5, Jamaica

Telephone No: (876) 926-3204 to 8, Fax No. (876) 968-1920

Website: www.jiiconline.com E-mail: info@jiiconline.com**WINDSCREEN CLAIM FORM**

PARTICULARS OF INSURED:	Name of Insured _____		
Home Address _____	Telephone No. _____		
Business Address _____	Telephone No _____		
Occupation _____	Nationality _____	Age _____	
PARTICULARS OF INSURANCE	Policy # _____ Due Date _____ Last Premium Paid _____		
Type of Cover _____	Type of Policy _____		
(i.e. Private Car, CMC, etc.)	(i.e. Comp., T.P., etc.)		
Insured Value _____			
PARTICULARS OF VEHICLE	License No _____ Make _____ Year of Make _____ Left/Right Hand Drive _____		
Colour _____			
PARTICULARS OF PERSON DRIVING	Driver's Name _____ Occupation _____		
Drivers Address _____	Telephone _____		
No. of Driver's Licence _____	Date issued _____	At what Tax Office _____	
Type of Licence _____	Classes of vehicles specified in the licence _____		
PARTICULARS OF ACCIDENT	Date of accident _____ Time _____ a.m. Place _____		
	p.m.		

STATEMENT

I DECLARE that these particulars are true and complete

Dated _____ Signature of Insured _____

Signature of Driver _____

Inspected by _____ Date _____

**THE COMPLETED FORM MUST BE RETURNED WITH COPY DOCUMENTS
(DRIVER'S LICENCE, FITNESS AND REGISTRATION CERTIFICATES)**