

The Insurance Company Of the West Indies Limited

2 St. Lucia Avenue, New Kingston, Kingston 5, Jamaica, W.I. Tel:92-69040-5
BRANCH OFFICES: 21 Market Street, Montego Bay, Tel: 952-0301

FIRE DEPARTMENT CLAIM FORM

Policy No.

Name of Insured. Agency.

Name of Claimant

I, now residing at

..... do hereby declare that the above is a full, true and accurate statement, and I further declare that the articles mentioned on the other side, being my property and insured under the above-named Policy or Policies, were destroyed or damaged by the aforesaid peril according to the extent and values annexed; wherefore I claim from **The Insurance Company of The West Indies Ltd.** the sum of the amount thereof

As witness my hand, this, day of 19....

Signature of Claimant

This Form must be filled up and delivered to the Company within 15 days from the date of the loss.

Detailed Statement of Property Destroyed or Damaged

DESCRIPTION	Cost Price of Property or Articles damaged or destroyed		Estimated Value at the time of the Loss		Value of the Salvage		Net Amount claimed after deduction of such Salvage	

