 Claim No. _____

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 _____ (i.e. Private Car, CMC, etc.) Type of Policy _____ (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. p.m. Place _____

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)