



# KEY INSURANCE COMPANY LIMITED

53 Knutsford Boulevard, Victoria Mutual Building

New Kingston, Kingston 5, Jamaica, W.I.

Phone: 926-6278; 929-1218; 929-1219

CLAIM FOR LOSS OR DAMAGE

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1. Policy No.

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  2. Name of Insured

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  3. Address

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  4. Is the claim for loss or for damage?

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  5. Date of loss or damage

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  6. Place of loss or damage

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  7. At what place, time and date was the prop.  
last seen by you?

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  8. Are you the sole owner of the property?

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  9. Are there any other insurances on the property?  
in respect of which this claim is made?

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  10. State circumstances under which loss or damage  
took place, and please give details in the  
schedule on the reverse of this form of the  
articles lost or damaged.

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  11. In whose custody was the property at the time  
of the loss or damage?

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  12. If the property was in the custody of a carrier  
at the time of the loss or damage, has a formal  
claim been against the carrier?  
Date of claim.

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  13. Was a check or receipt received from the carrier?

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  14. Have the Police been notified? If so, what station?  
Date of notification.

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  15. What other steps have been taken to recover the  
property?

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  16. Have you any reason to suspect anyone? If so,  
whom?

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NOTE: All documents relative to the loss and/or damage, and in particular the original check, receipt or bill of lading, a copy of the letter making a claim against the carrier, claim bill and carrier's reply, also Certificate of Loss issued by Steamship Company or other Recognised Authority, should be attached in support of the claim

## DECLARATION

I hereby declare that the property claimed for has been lost, stolen, destroyed or damaged, and that all statements on this form are to the best of my knowledge and belief correct.

Signature of Claimant.....

SCHEDULE OF ARTICLES LOST OR DAMAGED

ARTICLE LOST OR DAMAGED	WHERE AND WHEN BOUGHT	PRICE PAID	AMOUNT CLAIMED
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

ADDITIONAL REMARKS