



KEY INSURANCE COMPANY LIMITED

Registered Office: Victoria Mutual Building (Ground Floor)
53 Knutsford Boulevard, New Kingston, Kingston 5,
Tel -929-7940-3 / Fax – 929-7944
Email: kevins@jol.com.jm

Fraud Warning

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. Insurance fraud includes inflating or padding actual claims."

PROPERTY CLAIM FORM

Name: _____ Company Claim No.: **HI-**

Broker Claim No.:

Home/Postal Address:

Telephone No. Work: _____ Home: _____ Cellular: _____

Email address

Address of Loss if different from above:

Policy No.: _____ Agent/Broker:

Date of damage: _____ Policy Period:

Details of damage:

Estimate attached: \$ _____ [] Yes [] No

Mortgagee: _____ Any other instructions:

Any other Insurance?

NB. Estimate to be obtained urgently

I declare the above information to be true and correct.

Signed:..... Date:.....

For Official Use Only

Insurance in force	[] Yes	[] No	_____
Adjuster	[] Yes	[] No	_____
Decline/Special Action	[] Yes	[] No	_____
Local Co-Insurance	[] Yes	[] No	_____
Facultative Reinsurance	[] Yes	[] No	_____
Treaty	[] Yes	[] No	_____