



BRANCHES:

HEAD OFFICE: 53 Knutsford Boulevard, Kingston 5. Telephone: 876-968-0600-6, Fax: 876-926-3957
 Half-Way Tree: 73 - 75 Half-Way Tree Road. Kingston 10. Telephone: 876-920-0600, Fax: 876-968-0146
 Mandeville: Shop #3, Manchester Shopping Centre, Telephone: 876-962-3778, Fax: 876-962-1088
 Montego Bay: 7 Market Street, Montego Bay, St. James Telephone: 876-952-1272, Fax: 876-979-0320
 Portmore: Lot1, Seagrape Close, Portmore Town Centre. Portmore, St. Catherine Telephone: 876-704-2862, Fax: 876-939-8446

FIRE & ALLIED PERILS LOSS CLAIM FORM

Policy No.

1 Name of Insured _____

Address _____ Telephone No. _____

Business Address _____ Telephone No. _____

2 Details of loss _____

Address where loss or damage occurred _____

Date of loss or damage _____

Cause of loss or damage
(full details to be given and if fire, state how it originated) _____

3 Interest _____

Are there any other persons interested in the property? (e.g. mortgages, lessors etc.) _____

If so, state name (s) and interest (s) _____

State the interest of the insured in the property
(e.g. owner, mortgagor, tenant etc.) _____

Are there any other insurances in force covering the property?

If so, complete following section _____

Name and address of other insurer (s) _____ Policy No (s) _____

4 Particulars of claim _____

Note. Claims involving repairs or rebuilding work should be accompanied by a tradesman's or builder's estimate which can be forwarded later if not immediately available

Details	Amount Claimed
_____	\$ _____
_____	_____
_____	_____
_____	_____
Total \$	_____

5 Please advise occupancy of building _____

Any additional information _____

Declaration

I/We hereby declare that the information given on this form is true to the best of my/our knowledge and belief

Signature _____

Date _____