

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

PARTICULARS OF CLAIM- VEHICLE THEFT

Insured

Policy No. _____ Renewal date _____ Business or Occupation _____
 Name _____
 Address _____

 Telephone No. _____

Insured's vehicle

Make and type _____ Engine Capacity _____
 Colour _____ (if power drawn) _____
 Registration no. _____ Chassis/
 (if any) _____ Frame no. _____
 Year of make _____ Present Mileage _____
 Date of Purchase _____ Estimated value _____
 Price Paid _____ at time of loss _____
 From whom purchased? _____
 Give name _____
 and address _____

 Was an immobiliser fitted to the vehicle? _____
 If a private car were contents stolen? _____

If vehicle recovered in damage condition state
 a) particulars of damage _____
 b) where it may be inspected _____
 Name and address of repairers
 (Please enclose or forward estimate) _____

 Is any finance company interested in the vehicle?
 If so, give name and address _____

 Is the loss covered by any other insurance? If so, give
 details(include name of insurer, branch address and
 policy no.) _____

Circumstances

When and where was
 vehicle last seen? Date _____ Time _____ am/pm
 Where _____
 When was loss or
 damage discovered? Date _____ Time _____ am/pm
 Was vehicle _____ Was vehicle locked _____
 In a garage? _____ and key removed? _____
 What enquires have been made
 and action taken to recover the vehicle? _____

 Address of Police Station
 to which loss reported _____

State purpose for which vehicle was
 being used immediately prior to theft _____
 If goods vehicle, state
 a) weight of load being carried _____
 b) gross plated weight _____
 Name and address
 of person in charge _____

 Driving Whether in
 Age _____ licence no. _____ your employ? _____
 If applicable (Heavy Goods vehicle
 or Public Service vehicle) give license no. _____

I hereby certify that the above statements and the information given are true to the best of my knowledge and belief.

I further declare that to my knowledge no other person other than myself has any interest in the lost or damaged property by bill or sale or as owner, mortgagee, trustee or otherwise, save as stated above.

Accordingly I claim the sum of \$

Date

Signature of Insured