

West Indies Alliance Insurance Company Limited



23 Dominica Drive
P.O. Box 127, Kingston 5
Jamaica

Telephone (876) 929-8080-3
Facsimile (876) 960-3179
Email wia@kasnet.com

Theft (Vehicles)

Particulars of Claim

Insured

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

Insured's vehicle

Make and type _____
Colour _____ Engine Capacity (if powerdrawn) _____
Registration No. (if any) _____ Chassis/Frame no. _____
Year of make _____ Present Mileage _____
Date of purchase _____
Price paid _____ Estimate value at time of loss _____
From whom purchase? _____
Give name and address _____
Was an immobiliser fitted to the vehicle? _____
If a private car were contents stolen? _____

If vehicle recovered in damaged condition state
a) particulars of damage _____
b) where it may be inspected _____
c) 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.) _____

