

Private and Confidential.

Answering these questions does not imply that the injured person is making, or will make, a claim.

BRITISH CARIBBEAN INSURANCE COMPANY LIMITED

36, DUKE STREET, KINGSTON, JAMAICA.

TELEPHONE: 92 - 21260

Preliminary particulars of accident, to be furnished by the Employer.

EMPLOYER.		Name	Address
Business		No. of Policy	
Present No. of workpeople employed.....		Amount of last week's total wages.....	
INJURED PERSON.		Name	Occupation
Address		Age	Department
Was ^{he} - in your direct employment? _{she}		If so, since what date?	
Name and Address of Injured Person's Doctor			
If injured person is a male please state:-		(1) Whether married	(2) Number of Children under age of
Weekly earnings			
Name of Hospital taken to?			In or out-patient?
Is ^{he} - likely to be totally disabled for a _{she} longer period than three days?			
ACCIDENT.	Date.....	Time.....	Place.....
Did ^{he} - work after the accident; if so, to _{she} what date?			
Was it reported? If so, (1) To whom?		(2) On what date?	
Description of accident: What was general nature of work going on?			
Was machinery being used?			
If so, please state exactly what machinery was involved in the accident			
What motive power was employed for machine?			
What actually occurred to cause accident?			
Was it caused by:- (a) Plant not owned by you?		(b) Anyone not employed by you?	
Was ^{he} - doing ^{his} - ordinary work? _{she} _{her}			
If not, what was ^{he} - doing? _{she}			
Nature of injury			
Names of Witnesses who actually saw the accident			
Further information (if any)			

The above replies are correct to the best of my knowledge and belief.

Signature of Employer.....

Date.....19.....

PLEASE SEE OVER

BRITISH CARIBBEAN INSURANCE COMPANY LIMITED.

Head Office: 36 DUKE STREET, KINGSTON

CLAIM UNDER POLICY No.....

I/we.....

of

being insured under the above-mentioned Policy, do hereby declare and set forth that on

or about o'clock on the

day of 19..... a loss occurred at

occasioned, to the best of my/our knowledge and belief, by

And I/we further declare that the Property detailed on the other side, belonging to me/us, and insured under the..... item of the Policy aforesaid, was destroyed or damaged by the said loss to the extent of the amounts stated. I/we therefore claim the sum of..... under the said Policy.

I/we also further declare that the claim is made by me/us as..... ; that no other person was interested in the said property except..... that no contract or agreement to sell or dispose of the said property has been entered into and that it is not otherwise insured in the British Caribbean Insurance Company or in any other Insurance Company, or with other Insurers, except as undermentioned.

STATEMENT OF THE INSURANCES IN FORCE UPON THE PROPERTY DESTROYED OR DAMAGED

N.B. IF NOT INSURED WITH ANY OTHER COMPANY OR INSURERS PLEASE STATE SO.

in the	Insurance Company, by Policy No.
"	" "
"	" "
"	" "

As Witness my/our hand this..... day of19...

Signature of the Claimant.....