

INSURANCE COMPANY (JAMAICA) LIMITED

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CATASTROPHE CLAIM FORM

Policy No:		Claim No:				TRN	1:			
Name of Insured:				ן	Telephone:					
Address of Insured:				0	Occupation/Trade:					
Name of Contact Person in the event of Insured being unavailable:										
Email Address of Contact:		Contact Telephone Number:								
Date of Loss:		Cause of Loss:			5:					
Description of loss/damage:										
Estimated Cost of Repairs:		I	Address of Loss:							
Brief directions to property:	:									
Use of building:										
Other Interests such as Bank/Building Society:										
Are there any other insurances on the said property with any other insurer; whether effected by the insured or any other person?						Yes		No		

I DECLARE that these particulars, including those on the reverse side, are TRUE and COMPLETE and I am aware that I must submit my detailed estimate/claim within 30 days of the event DATE.

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Signature(s) of Proposer(s)	Date

PRINT

LIST OF PROPERTY DAMAGED OR DESTROYED

When a Building is the subject of the Claim, a detailed Estimate must accompany this Form.

Item No.	Description of the Property destroyed or damaged	Sum Insured	Value immediately prior to the loss/ damage	Value of Salvage	Net amount being claimed