



INSURANCE COMPANY (JAMAICA) LIMITED

58 Half Way Tree Road
 P.O. Box 631, Kingston 10, Jamaica
 Telephone: 929-8450-1/4, 929-9643-8, Fax No.: 929-2376, 929-6764
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CATASTROPHE CLAIM FORM

Policy No:		Claim No:		TRN:	
Name of Insured:			Telephone:		
Address of Insured:			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:		
Description of loss/damage:					
Estimated Cost of Repairs:			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.

.....
 Signature(s) of Proposer(s)

.....
 Date

PRINT

