



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  
E-mail info@genac.com Website: www.genac.com

NO LOSS DECLARATION FORM

Insured:	
Address:	
Vehicle Details:	

I/We declare that the above vehicle was not involved in any accidents during the period .....  
to ....., and that I/We have not and will not be presenting any claim for the aforementioned  
period.

I/We warrant that the above is true, and I/We agree that this declaration shall be the basis of reinstatement of the policy of  
insurance between General Accident Insurance Company (Ja.) Limited and me/us.

\_\_\_\_\_  
Insured's Name(s)

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Date