INSURANCE COMPANY (JAMAICA) LIMITED

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P.O. Box 631, Kingston 10, Jamaica
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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:					
Address of Contact:					
Date of Loss:			Cause of Loss:		
Description of loss/damage:					
Estimated loss:		Location of Loss/Damage:			
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

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Revised October 2025

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

PRIVACY STATEMENT

At General Accident Insurance Company Limited, we value your right to privacy. We may process your personal data for various purposes such as fulfilling our contractual obligations to you, fulfilling our legal obligations, responding to authorized inquires, conducting internal analyses, for direct marketing, and generating anonymized statistics. To learn more about how we collect, use and safeguard your data, please refer to our full Privacy Statement at ***https://www.genac.com/privacy-statement.***

We collect information about your health in order to conduct risk assessments and determine your insurability. Since this information is considered sensitive personal data under the Data Protection Act, we will require your consent to process this data. By checking the box below, you consent to the processing of your sensitive personal data for the purposes we have described.

☐ I consent to processing my sensitive personal data for assessing my insurability.

DIRECT COMMUNICATION CONSENT

From time to time, General Accident Insurance Company Jamaica Limited may wish to send you information about our products, services, and promotions. Please indicate your preference for receiving such communications by checking the appropriate box(es) below:

I hereby give my consent to receive information about:

☐ Motor Insurance Products ☐ Property Insurance Products ☐ Other Insurance Products

I would like to receive information about the above through the following methods:

☐ Email ☐ SMS ☐ Telephone Calls

I HEREBY GIVE MY CONSENT TO ACCEPT NOTICE OF CANCELLATION VIA EMAIL ☐ Yes

I/We wish to claim under the above numbered policy for the above property which was lost, destroyed or damaged as stated. I/We declare that the property belong(s) to me/us, my/our family and that the property is not insured elsewhere except as stated. I/We warrant that it is a true statement and that it does not contain false or exaggerated information.

Date: _____ Signature: _____

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