

## **INSURANCE COMPANY (JAMAICA) LIMITED**

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## LOSS OR DAMAGE CLAIM

PLEASE RETURN to

All losses by theft/burglary or housebreaking must be reported to police immediately.

Time of occurrence	Date of occurrence	
Address where the loss occurred		
Was the premises occupied at the ti	me? Yes No If no, when was the last	t time that the premises was occupied?
Time reported to police	Date reported	
Address of Police Station		
Name		POLICY NO.
Address		RENEWAL DATE
Occupation Telephone No.  How did loss, damage or destruction	n occur?	VAT ALL POLICYHOLDERS ARE REQUESTED TO COMPLETE  Please give/confirm instructions on my behalf (where appropriate for the repair of the property/vehicle which is the subject of or included in this claim.  VAT REGISTERED NO.  (If not registered, write 'NONE')  VAT STATUS  (If partially exempt, add recovery %)
OTHER PERSONS WHO HAVE K	NOWLEDGE OF THE CIRCUMSTANCES	
Name	Address	

## PARTICULARS OF CLAIM

## Notes:

- 1. BUILDINGS AND CONTENTS ITEMS Where repairs are predictable, the cost of repairs should be inserted in Column 7 and an estimate supplied.
- 2. CONTENTS ONLY For claims in respect of clothing and household linen, the amount claimed will be Column 5 minus Column 6.
- 3. FOR ALL OTHER PROPERTY:
  - (a) INDEMNITY POLICIES The amount claimed will be Column 5 minus Column 6 unless the item(s) affected is/are less than 5 years old when amount claimed will be Column 4 minus Column 6.
    (b) REPLACEMENT POLICIES - The amount claimed will be Column 4 minus Column 6.

Details of property destroyed/ lost or damaged 1.	Date when bought 2.	Original Purchase Price 3.	Cost to replace 4.	Value at time of loss, less allowance for age or wear & tear 5.	Value of Salvage 6.	Amount Claimed 7.

Is the property insured only by this Corporation? Yes No I	f 'No', please give details as follows:	
Insurer	Policy Number	Sum Insured
PRIVACY STATEMENT	<u> </u>	
At General Accident Insurance Company Limited, we value your rights as fulfilling our contractual obligations to you, fulfilling our legal of for direct marketing, and generating anonymized statistics. To learn full Privacy Statement at <a href="https://www.genac.com/privacy-statement">https://www.genac.com/privacy-statement</a> .	bligations, responding to authorized a more about how we collect, use and	inquires, conducting internal analyses,
We collect information about your health in order to conduct is considered sensitive personal data under the Data Protection A below, you consent to the processing of your sensitive personal data	Act, we will require your consent to	process this data. By checking the box
I consent to processing my sensitive personal data for assessing	ng my insurability.	
DIRECT COMMUNICATION CONSENT		
From time to time, General Accident Insurance Company Jamaica promotions. Please indicate your preference for receiving such con	-	_
I hereby give my consent to receive information about:		
☐ Motor Insurance Products ☐ Property Insurance Product	ts Other Insurance Products	
I would like to receive information about the above through the foll	lowing methods:	
Email SMS Telephone Calls		¬.,
I HEREBY GIVE MY CONSENT TO ACCEPT NOTICE OF Conference of the second of	vhich was lost, destroyed or damaged as st	
Date:	Signature:	
		Revised: February 2, 2022