INSURANCE COMPANY (JAMAICA) LIMITED

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MOTOR CATASTROPHE REPORT FORM

Date of occurrence……	Time of occurrence……..am/pm

POLICY NUMBER				**RENEWAL DATE**			
Name							
Address							
Occupation				**Email Address**			
Telephone	**Home**		**Work**		**Mobile**		
Loss Location							
How did loss/damage or destruction occur?							

VEHICLE INFORMATION

Vehicle Make		**Vehicle Model**	
Year		**Chasis #**	
Registration #		**Mortgagee**	

DRIVER INFORMATION

Name		**Licence Number**	
TRN		**Contact Number**	
Address			

VEHICLE DAMAGE

Estimated Cost of Repairs?		
Was there any previous damage to the vehicle?	☐ Yes	☐ No
Where can the vehicle be inspected?		

Please submit the following:
- Photos of vehicle damage
- Repair estimate
- Fitness/registration certificate
- Driver's licence

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, investigation of the claim, 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: _____ Insured Signature: _____ Driver Signature: _____