

The Insurance Company of the West Indies Limited

2 ST. LUCIA AVENUE, KINGSTON 5, JAMAICA W.I. TEL: 926-9040-7

BRANCHES: SHOPS 10 & 11 CALEDONIA PLAZA, MANDEVILLE, TEL: 962-3278

9 KING STREET, MONTEGO BAY, TEL: 952-0301

SHOP 6 OCEAN VILLAGE SHOPPING CENTRE, OCHO RIOS, TEL: 974-2893



CLAIM FOR LOSS OR DAMAGE

1. Policy No. _____ 2. Telephone/Contact No. - Home
Business _____
3. Name of Insured _____
4. Address _____
5. Is the claim for loss or damage? _____ 6. Date of loss or damage _____
7. Place of loss or damage _____
8. (a) If loss occurred on premises insured, were they occupied at the time of loss?
(b) If not, please give period of unoccupancy _____
(c) State precisely the purpose(s) for which the premises were being used at the time
of the loss or damage _____
9. At what place, time and date was the property last seen by you? _____
10. Are you the sole owner of the property? _____
11. Are there any other insurances on the property in respect of which this claim is made? _____
12. State circumstances under which loss or damage took place, and please give details in the schedule on the reverse of this form,
of the articles lost or damaged. _____
13. In whose custody was the property at the time of the loss or damage? _____
14. (a) If the property was in the custody of a carrier at the time of the loss or damage, has a formal claim been against
the carrier? _____
(b) Date of claim _____
(c) Was a check or receipt received from the carrier? _____
15. (a) Have the police been notified? _____ If so, at what station? _____
(b) Date of notification _____
16. What other steps have been taken to recover the property? _____
17. Have you any reason to suspect anyone? _____ If so, whom? _____
18. Was any third party associated with the cause giving rise to the loss? _____

DECLARATION

I hereby declare that the property claimed for has been lost, stolen, destroyed or damaged, and that all statements on this form are to the best of my knowledge and belief correct.

Signature of Claimant

Date