

The Insurance Company Of the West Indies Limited

2 St. Lucia Avenue, New Kingston, Kingston 5, Jamaica, W.I. Tel:92-69040-5
 BRANCH OFFICES: 21 Market Street, Montego Bay, Tel: 952-0301

FIRE DEPARTMENT

CLAIM FORM

Policy No.

Name of Insured.

Agency.

Name of Claimant.

When did the loss take place?	At the hour of. in the of the day of 19...
Situation of the Premises	
For what purpose were the Premises occupied at date of the loss?	
What was the cause, and under what circumstances did it occur?	
Does the Policy give a correct description of the Property, in all respects as it existed immediately before the loss? or Has any element of risk been introduced which was not allowed by the Policy?	
Is the Claimant the Sole Owner of the Property damaged or destroyed? If not, state full particulars of any other Interest.	
Were there at the time of the loss any existing Insurances on the said Property, or any portion thereof, with any other Company, Society or Underwriters, whether effected by the Claimant or by any other person? If so, state full particulars. If not, please write "No".	
Has there been a previous claim on these Premises, or on any other Premises in which the Insured was interested? State full particulars.	

I. now residing at.

..... do hereby declare that the above is a full, true and accurate statement, and I further declare that the articles mentioned on the other side, being my property and insured under the above-named Policy or Policies, were destroyed or damaged by the aforesaid peril according to the extent and values annexed; wherefore I claim from **The Insurance Company of The West Indies Ltd.** the sum of the amount thereof

As witness my hand, this. day of. 19....

Signature of Claimant.

This Form must be filled up and delivered to the Company within 15 days from the date of the loss.

