



**N.E.M. INSURANCE COMPANY
(JAMAICA) LIMITED**

HEAD OFFICE: N.E.M. HOUSE, 9 KING STREET, P.O. BOX 395, KGN., JA., W.I.
TEL: (876) 922-1460-5, 8200-5
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THEFT CLAIM FORM

INSURED NAME

ADDRESS

.....

TELEPHONE NO(S) (H)..... (W)..... (CELL).....

E-MAIL TRN #:

ARE YOU THE OWNER OF THE VEHICLE? YES NO OCCUPATION.....

DRIVER PRIOR TO THEFT

ADDRESS

.....

TRN #: OCCUPATION

TELEPHONE NO(s)..... (H) (W)..... (CELL).....

TYPE OF LICENCE

YEAR LICENCE WAS FIRST ISSUED LICENCE #

HAVE YOU BEEN INVOLVED IN ANY ACCIDENTS OR HAD VEHICLE STOLEN IN THE LAST YEAR?

YES: STATE DATES;

NO:

IS THE DRIVER PAID?

YES: BY WHOM?

NO: STATE NAME OF HIS / HER INSURANCE COMPANY (IF ANY):

(Please attach copy of the driver's licence including the rear / endorsement section to this form)

MAKE OF VEHICLE MODEL

YEAR REGISTRATION #

ENGINE # CHASSIS #

PERSON/ FIRM WITH FINANCIAL INTEREST

STATE ANY MODIFICATIONS TO THE VEHICLE

WHAT SECURITY FEATURES ARE ATTACHED TO THE VEHICLE?

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DESCRIBE ANY IDENTIFYING MARKS TO THE VEHICLE

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(Please attach copies of current motor vehicle documents and most recent valuation to this form)

DATE OF INCIDENT

PLACE WHERE THEFT OCCURRED

WHAT WAS THE EXACT PURPOSE FOR WHICH THE VEHICLE WAS BEING USED AT THE TIME TO THE THEFT?

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POLICE STATION WHERE THEFT WAS REPORTED?

NAME OF POLICEMAN: BADGE NO:

STATE THE NAMES, ADDRESSES AND TELEPHONE No (s) OF THE PASSENGER IN YOUR VEHICLE:

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STATE THE NAMES, ADDRESSES & TELEPHONE No(s) OF ALL INDEPENDENT WITNESS:

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PLEASE STATE DETAILS OF THEFT:

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I /We declare the particular listed above to be true in every respect, and that these particulars have been supplied to the Company in order that Attorneys instructed by them on my/ our behalf may conduct any legal proceedings on my / our behalf.

Insured's Signature: Date:

Driver's Signature: Date: