



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
email: info@nemjam.com

WINDSCREEN/ GLASS CLAIM FORM

INSURED NAME

ADDRESS

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

E-MAIL ADDRESS TRN #:

VEHICLE DETAILS

MAKE OF VEHICLE..... MODEL:

CHASSIS No: ENGINE No.....

POLICY No: PREMIUM PAID? YES NO

(Please attach copies of the current motor vehicle documents to this form)

DRIVER'S NAME

ADDRESS

OCCUPATION RELATIONSHIP TO INSURED

TELEPHONE No. (s) (H)..... (Office)..... (Cell)

LINCENCE No.: TYPE OF LICENCE:

YEAR LICENCE WAS FIRST ISSUED

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

HAVE YOU HAD ANY PREVIOUS WINDSCREEN / GLASS DAMAGE? YES NO

YES: STATE DATES;

NO:

DATE OF INCIDENT

PLACE WHERE DAMAGE OCCURED

STATE DETAILS OF DAMAGE TO GLASS:

IS THERE ANY OTHER DAMAGE TO THE VEHICLE:

IF SO, STATE

HAVE YOU OBTAINED AN ESTIMATE AMOUNT:

REPAIRER'S NAME:

(Please attach the Estimate / Proforma Invoice to this Form)

PLEASE STATE HOW THE DAMAGE TO THE WINDSCREEN / GLASS OCCURRED:

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PLEASE INDICATE IN THE SPACE BELOW THE AREA OF DAMAGE TO THE WINDSCREEN / GLASS

[Empty rectangular box for indicating the area of damage to the windshield/glass]

I /We declare the particular listed above to be true in every respect.

Insured's Signature: Date:

Driver's Signature: Date:

FOR OFFICIAL USE ONLY
Damage Inspected By: Date: