

## **INSURANCE COMPANY (JAMAICA) LIMITED**

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## LOSS OR DAMAGE CLAIM

PLEASE RETURN to

All losses by theft/burglary or housebreaking must be reported to police immediately.

Time of occurrence Date of occurrence									
Address where the loss occurred									
Was the premises occupied at the time? Yes No If no, when was the last time that the premises was occupied?									
Time reported to police Date reported									
Address of Police Station									
Name POLICY NO.									
Address RENEWAL DATE									
Occupation  Please give/confirm instructions on my behalf (w appropriate for the repair of the property/vehicle whi	ALL POLICYHOLDERS ARE REQUESTED TO COMPLETE  Please give/confirm instructions on my behalf (where								
subject of or included in this claim.									
How did loss, damage or destruction occur?									
(If not registered, write 'NONE')	(If not registered, write 'NONE')								
VAT STATUS									
(If partially exempt, add recovery %)	(If partially exempt, add recovery %)								
VAT OFFICE ADDRESS									
OTHER PERSONS WHO HAVE KNOWLEDGE OF THE CIRCUMSTANCES									
Name Address									

## PARTICULARS OF CLAIM

## Notes:

- 1. BUILDINGS AND CONTENTS ITEMS Where repairs are predictable, the cost of repairs should be inserted in Column 7 and an estimate supplied.
- 2. CONTENTS ONLY For claims in respect of clothing and household linen, the amount claimed will be Column 5 minus Column 6.
- 3. FOR ALL OTHER PROPERTY:
  - (a) INDEMNITY POLICIES The amount claimed will be Column 5 minus Column 6 unless the item(s) affected is/are less than 5 years old when amount claimed will be Column 4 minus Column 6.

    (b) REPLACEMENT POLICIES - The amount claimed will be Column 4 minus Column 6.

Details of property destroyed/ lost or damaged 1.	Date when bought 2.	Original Purchase Price 3.	Cost to replace 4.	Value at time of loss, less allowance for age or wear & tear 5.	Value of Salvage 6.	Amount Claimed 7.
				3.		

Is the property insured only by this Corporation?	Yes	☐ No	If 'No', please give details as follows:	
			T	
Insurer			Policy Number	Sum Insured
I/We wish to claim under the above numbered policibelong(s) to me/us, my/our family and that the propontain false or exaggerated information.	y for the about the property is not instant	ove property sured elsew	which was lost, destroyed or damaged as s here except as stated. I/We warrant that it is	tated. I/We declare that the property a true statement and that it does not
Date:			Signature:	
				Revised: February 2, 2022