



JN GENERAL INSURANCE COMPANY LIMITED
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GLASS & SHOP FRONT DAMAGE CLAIM FORM.

CLAIM NO.....

POLICY NO.

1. NAME OF INSURED TELEPHONE NO.	
2. SITUATION OF PREMISES	
3. BUSINESS CARRIED ON THEREIN	
4. DATE OF BREAKAGE AND/OR DAMAGE	
5. CAUSE OF BREAKAGE AND/OR DAMAGE (Give fullest particulars of how breakage occurred.)	
6. STATE NAME AND ADDRESS OF THE PERSON CAUSING BREAKAGE AND/OR DAMAGE, AND OF HIS EMPLOYER, IF ANY.	
7. STATE THE NAME AND ADDRESS OF ALL WITNESSES OF THE BREAKAGE AND/OR DAMAGE	
GLASS DAMAGE	
8. STATE POSITION, SIZE AND TYPE OF GLASS DAMAGED	
9. STATE IF IMMEDIATE REPLACEMENT IS DESIRED OR WHETHER A GUARANTEE OF REPLACEMENT AT A FUTURE DATE SHALL BE SENT	
10. IS THE GLASS INSURED WITH ANY OTHER COMPANY? IF SO, STATE WHICH	
SHOP FRONT DAMAGE (If Insured)	
11. GIVE FULL DETAILS OF THE DAMAGE CAUSED TO THE SHOP FRONT	
12. NAME AND ADDRESS OF FIRM WHICH FITTED SHOP FRONT	
FIXTURES AND FITTINGS (If Insured)	
13. GIVE FULL DETAILS OF DAMAGE TO FIXTURES AND FITTINGS IN SHOP WINDOW	

DAMAGE TO STOCK (If Insured)

14. GIVE BELOW, FULL DETAILS OF DAMAGE TO STOCK IN SHOP WINDOW.

NO.	DISCRIPTION OF STOCK	FROM WHOM PURCHASED	DATE OF PURCHASE	COST PRICE	AMOUNT CLAIMED

I hereby declare that the conditions of my policy as above have been complied with and I claim there under for the breakage and damage above described. To avoid delay in instructing glaziers or repairers I agree that if it is found that the glass or property is not covered by the policy I will reimburse to the company the amount of the cost of such re-instatement or repair.

DATE.....

SIGNITURE OF INSURED.....