



JN GENERAL INSURANCE COMPANY LIMITED
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INSURANCE OF MONEY CLAIM FORM

INSURED

NAME Tel. No.
(Please State whether Mr, Mrs. or Miss)
 ADDRESS Policy No.

TRADE or BUSINESS

CIRCUMSTANCES OF LOSS

Date of occurrence Time a.m.
 Place p.m.
 Describe circumstances of loss or damage (continue overleaf if necessary)

ACTION TAKEN

1. If loss by THEFT, when reported to police
 Address of police station
2. If loss in POST, when reported post office
 Address of post office
3. Have you arranged to stop payment of missing cheques and postal / money order ?
4. If notes, etc., damaged have you preserved the remnants ?

DETAILS OF LOSS

Cash	\$		c
Cheques			
Postal and Money Orders			
Postage (unused)			
National Insurance (unused)			
National insurance (on cards)			
National Savings			
Holiday with pay			
If covered, loss of or damage to safe			
TOTAL			

STAMPS

OTHER INSURANCES

If covering this loss, please give particulars

SUM AT RISK

On the day of the loss, what were the total amounts of money \$ c
 (a) in transit
 (b) on your premises

I / WE declare these answers true to the best of my / our knowledge and belief.

Signed
 Date