



JN GENERAL INSURANCE COMPANY LIMITED

Head Office: 9 King Street, Kingston
 P.O. Box 395, Kingston, Jamaica, W.I.
 Tel: (876) 922-1460, Fax: (876) 922-4045
 email: info@jngijamaica.com website: www.jngijamaica.com

CLAIM FORM

For Burglary, Housebreaking and larceny

Claim No _____

Questions to be answered by the Insured.

(Please write clearly.)

1. Give the number of the policy	
2. Full address of the premises involved	Telephone No.
3. Date and time of theft.	a.m. _____ p.m. _____
4. Give full details of how entry to the premises was affected.	
5. Which rooms were entered?	
6. Were the premises occupied at the time of loss? If not, on what date and at what hour were they last occupied?	
7. Do your suspicions rest upon anyone? If so, whom?	
8. Have you informed the police Authorities? Date of notification Police Station	
9. Are you the sole owner of the property? If not, give name and address of owners.	
10. Is there any other insurance against this loss? If so, give name and address of insurers.	
11. At the time of the loss at what amount would you value the total contents of your premises?	
12. What is the sum insured under your fire policy? Name and address of insurers so interested.	
13. Have you ever before sustained loss by burglary or theft? If so, give brief particulars.	

