



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

THEFT CLAIM FORM

INSURED NAME

ADDRESS.....

.....

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

E-MAIL..... TRN #.....

ARE YOU THE OWNER OF THE VEHICLE? YES NO OCCUPATION.....

DRIVER PRIOR TO THEFT.....

ADDRESS.....

.....

TRN #..... OCCUPATION.....

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

.....

TYPE OF LICENCE.....

.....

YEAR LICENCE WAS FIRST ISSUED..... LICENCE #.....

.....

HAVE YOU BEEN INVOLVED IN ANY ACCIDENTS OR HAD VEHICLE STOLEN IN THE LAST

YEAR?.....

YES: STATE DATES;.....

.....

NO:.....

.....

IS THE DRIVER PAID?.....

- YES: BY WHOM?.....
- NO: STATE NAME OF HIS/HER INSURANCE COMPANY (IF ANY):.....

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

MAKE OF VEHICLE.....MODEL.....
 YEARREGISTRATION #.....
 ENGINE#.....CHASSIS#.....
 PERSON/FIRM WITH FINANCIAL INTEREST.....
 STATE ANY MODIFICATION TO THE VEHICLE.....
 WHAT SECURITY FEATURES ARE ATTACHED TO THE VEHICLE?.....

 DESCRIBE ANY IDENTIFYING MARKS TO THE VEHICLE.....

(Please attach copies of current motor vehicle documents and most recent valuation to this form)

DATE OF INCIDENT.....
 PLACE WHERE THEFT OCCURRED.....
 WHAT WAS THE EXACT PURPOSE FOR WHICH THE VEHICLE WAS BEING USED AT THE TIME TO THE THEFT?.....

 POLICE STATION WHERE THEFT WAS REPORTED?.....
 NAME OF POLICEMAN:.....BADGE NO:.....
 STATE THE NAMES, ADDRESSES AND TELEPHONE No(s) OF THE PASSENER(S) IN YOUR VEHICLE:

NAME	ADDRESS	TELEPHONE NO

STATE THE NAMES, ADDRESSES AND TELEPHONE No(s) OF ALL INDEPENDENT WITNESS:

NAME	ADDRESS	TELEPHONE NO

PLEASE STATE DETAILS OF THEFT:

[Empty rectangular box for providing details of theft]

I/We declare the particulars listed above to be true in every respect, and that these particulars have been supplied to the company in order that Attorneys instructed by them on my/our behalf may conduct any legal proceedings on my/ our behalf.

Insured's Signature:..... Date:.....

Driver's Signature..... Date.....