

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 Toll Free: 1-888-225-5636 JN GENERAL INSURANCE Email: info@jngijamaica.com website: www.jngijamaica.com

FIRE & ALLIED PERILS CLAIM FORM

CLAIM UNDER POLICY No. Name of Insured(Please state whether Mr. Mrs. or Miss.) (Agency) AN ANSWER IS REQUIRED TO EACH OF THE FOLLOWING QUESTIONS (A) What was the nature of the occurrence (e.g., "Fire") and when did it take place? At p.m. } OR..... a.m. (B) At what address did it take place? (C) For what purposes were the Premises being used at date of the occurrence? (D) Describe briefly what happened and the resultant damage, and state what you believe caused it to happen. (E) Were the Premises and their occupation at the time of the occurrence exactly as described in the Policy? Had any element of risk been introduced which was not allowed by the Policy? (F) Is the Claimant the Sole Owner of the Property damaged or destroyed? If not, state full particulars of any other Interest. (G) Were there at the time of the occurrence any other existing Insurances on the said Property, with any other Company or Insurer, whether effected by the Claimant or by any other Person? If so, state full particulars. If not, please write "No". (H) Give dates of any previous claims of a similar nature you have made in connection with these or any other premises, and state the amount of the loss. If none, please write "None". THE DETAILS REQUIRED OVER-LEAF MUST BE GIVEN I now residing at do hereby declare that the above is a full, true and accurate statement, and I further declare that the articles mentioned on the other side, being my property, and insured under the above-named Policy or Policies, were destroyed or damaged by the stated occurrence according to the extent and values detailed overleaf, wherefore I claim from the JN GENERAL INSURANCE COMPANY LIMITED, the sum of Signature of Claimant

INSTRUCTIONS TO BE OBSERVED IN COMPLETING THIS FORM

If the Claim be in respect of BUILDINGS, the Claim must be accompanied by two Builders' Estimates, obtained at Insured's own expense, of the Cost of putting the Building into the same state as it was in immediately before the occurrence—no contemplated improvements may be included in such estimate.

If the Claim be for CONTENTS, a full list of the Articles destroyed or damaged must be given and against each item must be declared: -

- 1.-Their original Cost Price.
- 2.-Their value immediately before the occurrence (after making due allowance for "wear and tear").
- 3.-Their value (if any) after the occurrence, or "Value of Salvage".
- 4.-The difference between 2 and 3, which will be the net amount of loss sustained.

In the case of Claims for STOCKS-IN-TRADE COST PRICES (after deduction of all Discounts and Trade Allowances for Cash Payments) are alone recognised in estimating sound values.

Item No.	Description of Items	Cost Price of Property or Articles damaged or destroyed	Date of Purchase	Estimated Value at the time of the Loss	Value of the Salvage	Net amount Claimed after deduction of such Salvage
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