



**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

### CATASTROPHE CLAIM FORM

Policy No:		Claim No:	
Name of Insured:			
Address of Insured:		Tel:	
Occupation/Trade:			
Name of Contact Person in the event of Insured being unavailable:			
Address and telephone of contact:			
Address of Loss:			
Brief directions to property:			
Use of building:			
Other Interests such as Bank/Building Society			
Branch Name:			
Address:			
Telephone No:			
Time, Day and Date of loss:		Cause of Damage:	
Approximate Date of Original Construction:-			
Material of Roof:		_____	
Material of Walls:		_____	
Full Description of the Nature & Extent of Damage:			
SUM INSURED (HOUSEHOLD):		Estimated cost of repairs to Building (please attach copies of estimates obtained)	
Buildings: \$ _____		Estimated Value of your loss to:	
Contents:		1. Household Goods, Furniture & Personal Effects \$ _____	
1. Household Goods & Personal Effects \$ _____		2. Other \$ _____	
2. Other \$ _____			

**THE DETAILS REQUIRED ON THE BACK OF THIS FORM MUST BE GIVEN**

(P.T.O)

**FOR OFFICIAL USE (JNGI) ONLY**

#### ACKNOWLEDGEMENT

We acknowledge your submission of claim.....dated  
 ..... We will be assigning our Loss Adjuster within the next..... days to assess the damage done.  
 In order to expedite the process of your claim, please provide us with an estimate of damage (if you have not already  
 done so). Please note the claim number given for easier reference.  
 Signed (JN General Insurance Company Limited.).....

**JN GENERAL INSURANCE COMPANY LIMITED—CATASTROPHE CLAIMS FORM---SIDE 2**

<b>SUM INSURED: (COMMERCIAL)</b>  Buildings: \$ _____  Contents:  1.Machinery, Plant & Business Equipment \$ _____  2.Stock in Trade: - Raw Materials \$ _____ - Finished Goods \$ _____  3. Other \$ _____		Estimated Cost of repairs to Building (Please attach copies of estimates obtained) \$ _____  Estimated Value of your loss to:  1.Machinery, Plant & Business Equipment \$ _____  2.Stock in Trade: - Raw Materials \$ _____ - Finished Goods \$ _____  3. Other \$ _____		
<b>FOR BUSINESS INTERRUPTION ONLY:</b>  1.Total Turnover in Previous Year \$ _____  2.Gross Profit Achieved In Previous Year \$ _____  3.Name & Address of Accountant:		<b>SUM INSURED:</b>  1.Gross Profit \$ _____  2.Wages \$ _____  3.Increase in cost of working \$ _____  Amounts Claimed: \$ _____ (attach details)		
Give full particulars of any other existing insurances on the property whether effected by the Insured or by any other person.   If no other such insurance write ' <b>NONE</b> '	Other Co.	Policy No.	Sum Insured	Property
Additional Information (if necessary)  ..... ..... ..... ..... <div style="border: 1px solid black; padding: 5px; margin-top: 20px; text-align: center;">             This Information must be completed in all respects and returned to JNGI within thirty (30) days of occurrence.           </div>				

**(IF YOU HAVE COMPLETED AND SIGNED OVERLEAF THE INFORMATION STATED BELOW, PLEASE IGNORE)**

.....do hereby warrant that the above is a full, true and accurate statement, and I further declare that the articles mentioned including information mentioned on the other side of this document, being by 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, wherefore I claim from JN General Insurance Company Limited. The sum of \$.....

**Signature of Claimant:**.....

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