



JN GENERAL INSURANCE COMPANY LIMITED
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MOTOR CATASTROPHE CLAIM FORM

PLEASE SUBMIT COPY OF DRIVER'S LICENCE, MOTOR VEHICLE AND INSURANCE COVER DOCUMENTS

Date Received: ____ / ____ / ____ Reported by: _____

Catastrophe Name: **Hurricane Melissa** Date of Loss: ____ / ____ / ____

Policyholder Details:

Insured: _____ Address _____

Policy Number: _____ Tax Reg No. (TRN) _____

Contact Number: _____ Email: _____

Driver Information (if not the Policyholder):

Driver's Name: _____

Date of Birth: ____ / ____ / ____ Tax Reg. No. (TRN) _____

Address: _____ Contact Number: _____

Email: _____

Vehicle Details: Make & Model: _____ Year: _____

Registration Number: _____ Chassis Number: _____

If Mortgage Interest/ Hire Purchase Agreement, name of company: _____

Incident Details: Location of Incident (include Parish): _____

Brief Description of Damage: *(The driver should state fully the circumstances leading up to the accident and what happened immediately afterwards) - use additional paper if needed*

Was the vehicle moved to a safe location? ☐ Yes ☐ No Photos Attached? ☐ Yes ☐ No

Was the Accident Report? ☐ Yes ☐ No Police Station: _____

Third Party / Witness Details / Passengers (if applicable):

Name(s): _____

Contact: _____

Vehicle Details: _____

Temporary Repairs / Safeguarding Measures Undertaken:

Declaration: I/ We hereby declare that the information provided above is true and accurate to the best of my knowledge.

Insured's Signature: _____ **Date:** ____ / ____ / ____

Driver's Signature: _____ **Date:** ____ / ____ / ____

