

1b Braemar Avenue, Kingston 10, Jamaica W.I
 Telephone: (876) 656-8000; Telefax: (876) 656-8001
 Email: info@ironrockjamaica.com | Visit: www.ironrockjamaica.com

| DETAILS OF INSURED REQUESTING CHANGE TO ESTIMATED VALUE OF VEHICLE(S) | | | | |
|---|------------------------------|-------------|--------------------------------------|---------------------------------|
| Surname | First Name | TRN | Policy No. | |
| VEHICLE(S) FOR WHICH THE INSURED'S ESTIMATE OF VALUE IS TO BE CHANGED | | | | |
| | Vehicle Year, Make and Model | Chassis No. | Previous Insured's Estimate of Value | New Insured's Estimate of Value |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

I wish to change the Estimated Value(s) of the above vehicle(s), from the Previous Insured's Estimate of Value to the New Insured's Estimate of Value, as shown in the above table.

I understand and agree that in the event of an accident that results in my vehicle being treated as a total loss, the claim will be settled on the basis of the Market Value or the Insured's Estimate of Value, whichever is less.

I understand and agree that in the event of a loss (whether partial or total) any claim settlement will be paid less an Excess, as described in my policy schedule, which shall be calculated based on the Insured's Estimate of Value

| | |
|--|--------------------------|
| <p>I have independently elected to change the Insured Estimate of Value for the above vehicle(s) based on my own independent estimate of each vehicle's value. I understand the risks involved in not obtaining a professional valuation. I affirm all of the information provided above is true and that all particulars affecting the assessment of the risks have been disclosed.</p> | |
| <p>_____</p> <p>Insured's Signature</p> | <p>_____</p> <p>Date</p> |