

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

TO AVOID DELAYS AND INCONVENIENCE PLEASE ANSWER ALL QUESTIONS WHERE APPLICABLE.

A. PARTICULARS OF INSURED

NAME OF INSURED:		POLICY NO.:
ADDRESS:		
TEL NOS. (HOME):	(MOBILE):	(WORK):

Please complete the following for the Contact Person (if different from insured):

NAME OF CONTACT PERSON:		
ADDRESS:		
TEL NOS. (HOME):	(MOBILE):	(WORK):

B. PARTICULARS OF THE LOSS

DATE OF LOSS:	TIME OF INCIDENT:	<input type="checkbox"/> AM <input type="checkbox"/> PM
ADDRESS OF THE PREMISES WHERE THE LOSS OCCURRED?		
FOR WHAT PURPOSE WERE THE PREMISES BEING USED AT THE DATE OF LOSS?		
WERE THE PREMISES OCCUPIED AT THE TIME OF THE LOSS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, GIVE PERIOD OF UNOCCUPANCY:		
WHAT WAS THE CAUSE OF THE LOSS? (eg. FIRE, FLOOD):		
PLEASE STATE BRIEFLY WHAT HAPPENED:		
ARE YOU THE SOLE OWNER OF THE PROPERTY? (e.g MORTGAGEE) <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO PLEASE LIST ADDITIONAL OWNERS:		
ARE THERE ANY OTHER INSURANCES ON THE PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE DETAILS:		
COMPANY:	POLICY NO.:	SUM INSURED (JMD): \$
HAVE THERE BEEN ANY PREVIOUS CLAIMS OF A SIMILAR NATURE MADE IN CONNECTION WITH THESE PREMISES <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE DETAILS:		

BUILDING

For claims in respect of BUILDINGS, the claim must be accompanied by a builders' estimate, obtained at the Insured's own expense, of the cost of putting the Building into the same state as it was immediately before the occurrence – Improvements should not be included in the estimate.

CONTENTS

For claims in respect of CONTENTS, a full list of 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.

Policy Currency: JMD USD

Item No.	Description of the Property Destroyed or Damaged	Cost Price	Estimated Value at Time of Loss	Value of Salvage (if known)	Amount Claimed
1.		\$	\$	\$	\$
2.		\$	\$	\$	\$
3.		\$	\$	\$	\$
4.		\$	\$	\$	\$
5.		\$	\$	\$	\$
6.		\$	\$	\$	\$
7.		\$	\$	\$	\$
8.		\$	\$	\$	\$
9.		\$	\$	\$	\$
10.		\$	\$	\$	\$
11.		\$	\$	\$	\$
12.		\$	\$	\$	\$
13.		\$	\$	\$	\$
14.		\$	\$	\$	\$
15.		\$	\$	\$	\$
16.		\$	\$	\$	\$
17.		\$	\$	\$	\$
18.		\$	\$	\$	\$
19.		\$	\$	\$	\$
20.		\$	\$	\$	\$

*If you are claiming for more than 20 Articles, please attach an additional sheet continuing with the above layout.

- I/We do hereby declare that the above is a full, true and accurate statement, and
- I/We further declare that the property mentioned on the herein, which belongs to me/us and which is insured under the above-named Policy, was destroyed or damaged as aforesaid according to the extent and values stated; wherefore I/We claim the sum of the amount thereof.
- I/We further declare that the statements above can be relied upon in the contemplation of litigation proceedings which may arise.

Signature of Insured: _____

Date: _____