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By completing this form, you consent to the use of your data as outlined below:

- Data Retention: We will keep the data you provide for 7 years as required by law. After that, it will be kept indefinitely for statistical and research purposes. Your privacy will be protected through anonymization or pseudonymization of the data.
Data Usage: During the retention period, your data may be used to fulfil legal obligations, respond to authorized inquiries, conduct internal analysis, direct marketing, and generate anonymized statistics.
Data Security: We implement measures to ensure the security and confidentiality of your data, including secure storage, restricted access, encryption, and monitoring.
Data Sharing: We may share your data with authorized third parties for legal compliance or research purposes, ensuring they comply with Jamaica's data protection requirements.
Your Rights: You have rights to access, rectify, erase, restrict processing, and data portability. For concerns or inquiries, please contact us. For our full privacy statement please visit our website at https://www.ironrockjamaica.com/customer-care/privacy-and-security/

I consent to the data privacy terms above: \_\_\_\_\_

HOME INSURANCE CLAIM FORM

PARTICULARS OF INSURED

Name of Insured \_\_\_\_\_ Policy Number \_\_\_\_\_
Address \_\_\_\_\_
Telephone Nos Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Please Complete the Following for the Contact Person (if different from insured)

Name of Contact Person \_\_\_\_\_
Address \_\_\_\_\_
Telephone Nos Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

PARTICULARS OF LOSS

Date of Loss: \_\_\_\_\_ Time of Incident \_\_\_\_\_ [ ] am [ ] 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? [ ] Yes [ ] 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 Mortgages) [ ] Yes [ ] No
If No, Please List Additional Owners \_\_\_\_\_

Are There Any Other Insurances On The Property? [ ] Yes [ ] No
If Yes, Give Details: Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Sum Insured (JMD) \$ \_\_\_\_\_

Have There Been Any Previous Claims of a Similar Nature Made In Connection With These Premises?
[ ] Yes [ ] 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

Iteam 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.

Date \_\_\_\_\_ Signature of Insured \_\_\_\_\_