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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: _____

MONEY REPORT FORM

Policy Number _____

Name of Insured _____

Address _____

Telephone Nos Work _____ Mobile _____

Contact Person _____

Contact Number _____

Loss Location (Address) _____

Date of Discovery _____ Time _____

By Whom Discovered? _____

State the Amount of the Loss _____

State Fully The Circumstances Under Which The Loss Took Place _____

Have You Any Suspicions as to Persons Involved? Yes No

If Yes, Give Full Particulars _____

Were Any Of Your Employees Involved? Yes No



Were Any Of Your Employees Involved? Yes No

If Yes, Please Give The Following:

Name _____ Contact Number _____

Address _____

Duties Performed _____

How Long In Your Employ? _____

Are Any of Your Employees Insured By A Fidelity Guarantee Policy? Yes No

If So, Give Policy Details: Insurer _____ Policy Number _____

How Often is Transit Made? _____

What is The Amount of Each Transit At Any One Time? _____

What is The Estimated Annual Transit? _____

Have You Sustained A Loss of This Nature Before? Yes No

If So, Give Details _____

Was The Matter Reported To The Police? Yes No Date Reported _____

Police Station _____ Name Of Policeman _____

Is The Money Claimed For Insured With Any Other Company? Yes No

If So, Give Details _____

I/We, the undersigned, do hereby declare that, to the best of my/our knowledge and belief, the foregoing particulars are true and correct.

Date _____ Signature(s) _____
