



1B Braemar Avenue, Kingston 10, Jamaica W.I. • Phone (876) 656-8000 • Telefax (876) 656-8001  
Email info@ironrockjamaica.com • Web www.ironrockjamaica.com

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: \_\_\_\_\_

### THEFT REPORT FORM

To Avoid Delays and Inconvenience Please Answer All Questions Where Applicable.

#### PARTICULARS OF INSURED \_\_\_\_\_

Name of Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_

Home Number \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Employer \_\_\_\_\_

E-mail Address \_\_\_\_\_ Marital Status \_\_\_\_\_

Business Address \_\_\_\_\_

Occupation \_\_\_\_\_

#### PARTICULARS OF VEHICLE \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Body Type \_\_\_\_\_

Registration Number \_\_\_\_\_ Chassis Number \_\_\_\_\_

Engine Number \_\_\_\_\_

Was There Any Unrepaired Damage Prior To Loss?  Yes  No

If So, Give Details \_\_\_\_\_

Name and Address of Bank or Company With a Financial Interest In The Vehicle \_\_\_\_\_

#### PARTICULARS OF USE \_\_\_\_\_

State Fully The Use of The Vehicle at the Time of The Accident? \_\_\_\_\_

Was the Driver Acting Within the Scope of His/Her Authority and With Your Knowledge and Consent?

Yes  No

How Many Passengers Were In The Vehicle? \_\_\_\_\_ Were They Charged a Fee to Be Transported?  Yes  No

Were Goods Being Carried?  Yes  No If So, State Type Of Goods: \_\_\_\_\_

**PARTICULARS OF DRIVER**

Was Insured Driving?  Yes  No **If Yes, Continue To Next Section**

Full Name Of Driver \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

Driver's Licence Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiry Date \_\_\_\_\_

Type of Licence \_\_\_\_\_ Date First Issued \_\_\_\_\_

Endorsement, If Any \_\_\_\_\_

Is Driver Employed By You?  Yes  No

If No, What Is The Relationship? \_\_\_\_\_

Does He/She Own a Motor Vehicle?  Yes  No

If So, Give Name and Company and Policy Number \_\_\_\_\_

Has He/She Been Involved In Any Previous Accidents?  Yes  No

If So, Give Details \_\_\_\_\_

\_\_\_\_\_

Has He/She Ever Been Prosecuted For Any Driving Offence?  Yes  No

If So, Give Details Whether Convicted or Not \_\_\_\_\_

\_\_\_\_\_

**PARTICULARS OF LOSS/THEFT**

Date of Loss \_\_\_\_\_ Time Theft Occurred or Was Discovered: \_\_\_\_\_  am  pm

Where Was The Vehicle Parked? \_\_\_\_\_

Address From Which Vehicle Was Taken \_\_\_\_\_

Was The Vehicle Secured at The Time of The Theft?  Yes  No

If So, How? \_\_\_\_\_

\_\_\_\_\_

State Special Identifying Marks \_\_\_\_\_

\_\_\_\_\_

Was The Vehicle Fitted With any Anti-Theft/Vehicle Tracking Device at The Time of Loss?  Yes  No

Was Accident Reported to The Police?  Yes  No

Name and Address of Police Station \_\_\_\_\_

Name and ID# of Police Officer Who Took Particulars \_\_\_\_\_

Has The Vehicle Been Recovered?  Yes  No

**TO BE COMPLETED ONLY IF VEHICLE HAS BEEN RECOVERED**

Where Was The Vehicle Recovered? \_\_\_\_\_

\_\_\_\_\_

By Whom Was The Vehicle Recovered? \_\_\_\_\_

To Your Knowledge, Is Any Person Charged or To Be Charged For The Theft?  Yes  No

Was The Vehicle Damaged as a Result of The Theft?  Yes  No

If Yes, State Nature/Extent Damage \_\_\_\_\_

\_\_\_\_\_

Where Can The Vehicle Be Inspected? \_\_\_\_\_

Name of Repairer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address of Repairer \_\_\_\_\_

\_\_\_\_\_

## STATEMENT

*State fully what happened. To be completed by the person who was driving or drove the vehicle prior to the loss occurring*

**If any claim is made against you, please advise IronRock, immediately. Never admit liability for an accident.**

- I/We have carefully read, understand and accept the above statements and represent that I/We have made a good faith effort to ascertain complete and provide accurate answers to the questions set forth in this application and that the information provided therein, including any attachment is true, accurate and complete to the best of my/our knowledge and belief.
  
- I/We acknowledge that if I/we have made any false or fraudulent statement or concealed any material fact, the claim may be declined.

Date \_\_\_\_\_

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

Date \_\_\_\_\_

Signature of Driver \_\_\_\_\_