



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:

## CATASTROPHE CLAIM FORM

Name of Insured: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Address of Insured: \_\_\_\_\_

Risk address: (if different from address above) \_\_\_\_\_

Telephone Nos.: \_\_\_\_\_ (work) \_\_\_\_\_ (mobile)

Email Address: \_\_\_\_\_

Name & Telephone No. of contact person in the event the insured is unavailable:

\_\_\_\_\_

Date of loss or damage: \_\_\_\_\_

Cause of damage: \_\_\_\_\_

Are you the sole owner of the property? \_\_\_\_\_

Are there any other insurances on the property in respect of which this claim is made? \_\_\_\_\_

**Other interests such as bank/building society: -**

Branch name & Address \_\_\_\_\_

Brief directions to property \_\_\_\_\_

Use of property \_\_\_\_\_

Full description of the nature & extent of damage

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Declaration

I hereby declare that the property claimed for has been lost, stolen, destroyed or damaged and that all statements on this form are to the best of my knowledge and belief correct.

Signature of insured \_\_\_\_\_

Date \_\_\_\_\_