



JN GENERAL INSURANCE COMPANY LIMITED

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CLAIM FORM

For Burglary, Housebreaking and larceny

Claim No _____

Questions to be answered by the Insured.

(Please write clearly.)

| | |
|--|-----------------------|
| 1. Give the number of the policy | |
| 2. Full address of the premises involved | Telephone No. |
| 3. Date and time of theft. | a.m. _____ p.m. _____ |
| 4. Give full details of how entry to the premises was affected. | |
| 5. Which rooms were entered? | |
| 6. Were the premises occupied at the time of loss? If not, on what date and at what hour were they last occupied? | |
| 7. Do your suspicions rest upon anyone? If so, whom? | |
| 8. Have you informed the police Authorities? Date of notification Police Station | |
| 9. Are you the sole owner of the property? If not, give name and address of owners. | |
| 10. Is there any other insurance against this loss? If so, give name and address of insurers. | |
| 11. At the time of the loss at what amount would you value the total contents of your premises? | |
| 12. What is the sum insured under your fire policy? Name and address of insurers so interested. | |
| 13. Have you ever before sustained loss by burglary or theft? If so, give brief particulars. | |

