



INSURANCE COMPANY JAMAICA LIMITED

58 Half Way Tree Road
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WINDSCREEN CLAIM FORM

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS

INSURED'S NAME & ADDRESS

Name			Occupation		
Home Address				Telephone No.	
Business Address				Telephone No.	
Policy No.				Cellular No.	
Driver's Name			Licence Type/No.		

VEHICLE DETAILS

Make & Model			Registration No.		
Year			Chassis No.		

CLAIM DETAILS

Date of Incident			Time		
Where did damage occur?			Was there any other damage to vehicle?		
Estimate of Repairs					
Repairer's Name & Address					

(PLEASE ATTACH PRO-FORMA INVOICE/ESTIMATE TO THIS FORM)

DAMAGE DETAILS

Describe how the damage occurred					

(PLEASE ATTACH COPY OF DRIVER'S LICENCE)

I/WE do declare that the foregoing particulars are true in all aspects.

Insured's Signature _____ Date _____
 Driver's Signature _____ Date _____

FOR OFFICE USE ONLY	Damage Inspected By _____	Date _____
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