



JN GENERAL INSURANCE COMPANY LIMITED
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WINDSCREEN/GLASS CLAIM FORM

INSURED NAME.....

ADDRESS.....

.....

TELEPHONE NO(S) (H)..... (W).....(CELL)

E-MAIL ADDRESS.....TRN #.....

VEHICLE DETAILS

MAKE OF VEHICLE..... MODEL.....

CHASSIS No:..... ENGINE No.....

POLICY No:.....PREMIUM PAID? YES NO

(Please attach copies of the current motor vehicle documents to this form)

DRIVER'S NAME.....

ADDRESS.....

.....

OCCUPATION..... RELATIONSHIP TO INSURED.....

TELEPHONE No.(s) (H)..... (W)..... (Cell).....

LICENCE No:..... TYPE OF LICENCE.....

YEAR LICENCE WAS FIRST ISSUED.....

(Please attach copy of the driver's license including the rear/endorsement section to this form)

HAVE YOU HAD ANY PREVIOUS WINDSCREEN/GLASS DAMAGE? YES NO

YES: STATE DATES;.....

NO:

DATE OF INCIDENT.....

PLACE WHERE DAMAGE OCCURRED.....

STATE DETAILS OF DAMAGE TO GLASS.....

IS THERE ANY OTHER DAMAGE TO THE VEHICLE?.....

IF SO, STATE.....

HAVE YOU OBTAINED AN ESTIMATE..... AMOUNT.....

REPAIRER'S NAME:.....

(Please attach the Estimate/Proforma Invoice to this Form)

PLEASE STATE HOW THE DAMAGE TO THE WINDSCREEN/GLASS OCCURRED

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PLEASE INDICATE IN THE SPACE BELOW THE AREA OF DAMAGE TO THE WINDSCREEN/GLASS

I/We declare the particulars listed above to be true in every respect.

Insured's Signature:.....Date:

Driver's Signature:.....Date:

FOR OFFICIAL USE ONLY

Damage Inspected By:.....Date: