INSURANCE COMPANY (JAMAICA) LIMITED

58 Half Way Tree Road
P.O. Box 631, Kingston 10, Jamaica
Telephone: 929-8450-1/4, 929-9643-8, Fax No.: 929-2376, 929-6764
E-mail: info@genac.com Website: www.genac.com

WINDSCREEN CLAIM FORM

PLEASE PRINT CLEARLY, ANSWER ALL QUESTIONS AND PLEASE SUBMIT A COPY OF THE GOVERNMENT ID OF THE PERSON WITNESSING THIS FORM

INSURED'S INFORMATION

Name		Occupation	
Home Address		Telephone No.	
Business Address		Cellular No.	
Policy No.		Email address	
Driver's Name			
Type Of Road Licence, whether Private, Private CMC, Public CMC or PPV		Licence No.	

VEHICLE DETAILS

Make & Model		Registration No.	
Year		Chassis No.	

CLAIM DETAILS

Date of Incident		Time	
Where did the damage occur?		Was there any other damage to the 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 _____

Witness Name _____ Date _____

Witness TRN _____ Signature _____

FOR OFFICE USE ONLY

Damage Inspected By _____ Date _____

Print Form

Revised: August 2020