



JAMAICA INTERNATIONAL INSURANCE COMPANY LIMITED

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PLEASE ANSWER EVERY QUESTION

Name of Company?:

Branch:

Policy No.:

Name of Insured _____ Tel. No. _____

Address where breakage occurred _____

Business _____

Date of breakage _____

Size of glass _____

Type of glass (if not plate) _____

If glass is ornamented, state details _____

Situation of glass(whether in window, door, show-case, etc.) _____

How did breakage occur? _____

Was breakage caused by Insured, member of family or staff? _____

If not, state nome and address of person causing breakage _____

Was glass cracked or smashed by the happening? _____

Was glass sound previous to breakage? _____

Do you require re-glazing to be deferred until further notice? _____

I hereby warrant the truth of the foregoing statements.

Signature _____

Date _____