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

PUBLIC LIABILITY CLAIM

POLICY NO.		RENEWAL DATE	
ISSUING COMPANY			
HAVE YOU ANY SIMILAR POLICY IN FORCE?	☐ YES	☐ NO	
IF SO, PLEASE GIVE NAME OF INSURANCE COMPANY(IES) AND POLICY NUMBER(S)			

1. POLICYHOLDER'S NAME			
ADDRESS			
TELEPHONE NOS.		EMAIL ADDRESS	
OCCUPATION, TRADE OR BUSINESS			

2. NAME OF PERSON INJURED			
ADDRESS			
TELEPHONE NOS.		EMAIL ADDRESS	
PROFESSION OR OCCUPATION			

DESCRIBE THE NATURE OF THE INJURIES	
IF REMOVED TO HOSPITAL OR OTHERWISE MEDICALLY EXAMINED, PLEASE STATE NAME AND ADDRESS OF DOCTOR OR HOSPITAL	

3. NAME OF OWNER OF DAMAGED PROPERTY			
ADDRESS			
TELEPHONE NOS.		EMAIL ADDRESS	
DESCRIBE THE NATURE OF THE DAMAGE			

IMPORTANT NOTICE
If a claim has been received, please advise us immediately and forward the letter unanswered.

If any claim has been made against you, state for what amount

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4. DESCRIPTION OF THE OCCURRENCE	

SKETCH PLAN IF REQUIRED

DATE OF OCCURRENCE:		TIME	
WHEN WAS THE OCCURRENCE FIRST REPORTED TO YOU OR YOUR REPRESENTATIVE?			
IF NOT REPORTED TO YOU, TO WHOM WAS THE OCCURRENCE REPORTED?			
WHERE DID IT OCCUR?			

IF IN OR ABOUT A BUILDING, STATE:			
a) WHETHER OWNED AND OCCUPIED BY YOU			
b) IF NOT, BY WHOM?			
c) TYPE OF BUILDING? (*SHOP, FACTORY, ETC.)*			
NATURE OF WORK BEING PERFORMED AT TIME OF OCCURRENCE			
WAS OCCURRENCE DUE TO NEGLIGENCE?	☐ YES	☐ NO	
IF SO, GIVE NAME AND OCCUPATION OF THE PERSON WHOSE NEGLIGENCE CAUSED THE OCCURRENCE?			
WHAT NEGLIGENCE IS ALLEGED?			
IF THIS PERSON IS NOT IN YOUR EMPLOYMENT, STATE BY WHOM EMPLOYED?			
HAS INJURED PARTY OR OTHER PERSON ADMITTED NEGLIGENCE?	☐ YES	☐ NO	
IF SO, GIVE NAME AND ADDRESS			
IF YOU WERE A SUB-CONTRACTOR, GIVE NAME AND ADDRESS OF PRINCIPAL CONTRACTOR?			
NAME AND ADDRESS OF WITNESS			

I/We certify that foregoing statement is a true account to the best of my/our knowledge and belief.

SIGNATURE OF POLICYHOLDER _____ DATE _____

NOTE: THE DESIGNATION OF THE PERSON SIGNING MUST BE GIVEN

PRINT

Revised: July 22, 2022