

## INSURANCE COMPANY (JAMAICA) LIMITED

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## 'SYNERGY' SUPERIOR BUSINESS PACKAGE CLAIM FORM

Insured:	
Date of Loss:	Type of Loss:
Location of Loss:	
Amount being claimed:	
Name of Injured Party:	
Nature of Injuries:	
I/We certify that the above	re information is true and accurate to the best of my/our knowledge and belief.
Signature:	Date:

Revised: July 22, 2022