

PLEASE RETURN TO:
J.S.JOHNSON & CO.,
P.O.BOX N-8337
NASSAU, BAHAMAS

GENERAL CLAIM FORM

POLICY NO: _____ CLAIM NO.: _____

CLIENT'S NAME: _____

STREET ADDRESS _____ P.O. BOX NO.: _____

TELEPHONE NO. (W) _____ (H) _____ (email) _____

DATE OF LOSS _____ TIME OF LOSS _____

PLACE OF LOSS _____

POLICE ADVISED? _____ IF SO, WHEN & BY WHOM? _____

IS THERE ANY OTHER INSURANCE COVERING THIS LOSS? _____

IF YES, PLEASE GIVE DETAILS _____

HAVE YOU HAD ANY CLAIMS IN THE LAST THREE YEARS? _____

IF YES, PLEASE GIVE DETAILS _____

IS THERE A LOSS PAYEE INTERESTED IN THE ITEMS BEING CLAIMED FOR? _____

IF YES, PLEASE GIVE DETAILS _____

DESCRIPTION OF INCIDENT _____

I DECLARE THAT I HAVE SUSTAINED LOSS/DAMAGE AS DESCRIBED ABOVE AND OVERLEAF
AND I WARRANT THAT ALL ANSWERS GIVEN ON THIS FORM ARE TRUE AND ACCURATE TO
THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED _____

DATED _____

WITNESSED _____

