

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 \_\_\_\_\_

