

PLEASE RETURN TO:

# GENERAL CLAIM FORM

J S Johnson & Company Ltd  
PO Box N 8337  
NASSAU, BAHAMAS  
email: info@jsjohnson.com  
Fax #: (242) 323 3720

POLICY NUMBER:

CLAIMANT'S NAME:

email

STREET ADDRESS:

DISTRICT:

PO Box:

TELE # (H)

TELE # (W)

TELE # (C)

Date of Loss:

Time of Loss:

Place of Loss:

Police Notified?

If so, when and by whom?

Is there any other insurance covering this loss?

If so, please provide details

Is there a Loss Payee (Mortgage) Interest?

Description of Incident

Description of Item

Where bought

When bought

Purchase Price

Replacement Price

Description of Item	Where bought	When bought	Purchase Price	Replacement Price

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:

If you have any questions regarding the completion of this form, please call our claims team on (242) 326 6570