



KEY INSURANCE COMPANY LIMITED

6C Half Way Tree Road, Kingston 5, Jamaica WI

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Portmore
Shop 35B Portmore Mall

May Pen
2 Bryants Crescent

Mandeville
Central Plaza

Ocho Rios
2 Newlin Street

Montego Bay
15B Fairview Business Pk.

WINDSCREEN DAMAGE CLAIM FORM

Particulars of the Insured

Name: _____ Age: _____
 Address: _____ Phone: _____
 Occupation/ Business: _____
 Employer/ Business name and address: _____ Phone: _____

Particulars of Policy

Policy #: _____ Period of cover: _____
 Type of cover: _____ Type of Policy: _____
(i.e. Comprehensive or Third Party) *(i.e. Private Car or Commercial)*

Particulars of Vehicle

Make: _____ Model: _____ Year: _____ Licence Plate #: _____

Particulars of Driver

Name: _____ Age: _____
 Address: _____ Phone: _____
 Occupation: _____
 Relationship between Insured & Driver: _____
 Driver's Licence #: _____ Date of issue: _____
 Type of Licence: _____ How many years have you held a licence? _____ Previous accidents: _____

Particulars of Loss/Damage

Date of accident: _____ Time: _____ AM/PM Place: _____
 What purpose was the vehicle being used for at the time of loss/damage? _____

Statement

I/we hereby declare that the foregoing particulars given by me/us have been read over and found to be true and correct in every respect, and I/we agree that if I/we have made, or in any further declaration the Company require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future accidents, shall be forfeited.

Date: _____ Insured's Signature: _____ Driver's Signature: _____
 Damage inspected by: _____ Signature: _____