

GK GENERAL INSURANCE COMPANY LIMITED

NEW KINGSTON Knutsford Boulevard

LIGUANEA Sovereign Ctr.

DOWNTOWN Duke Street

MANDEVILLE Midway Mall

MONTEGO BAY Fairview Shopping Ctr.

PORTMORE Portmore Town Ctr.

Toll Free: 1-888-429-5GKG (429-5454) | **Fax:** 876-968-1920 | **Email:** gkginfo@gkco.com

| Website: www.gkgeneral.com

PARTICULAR OF THE INSUI	RED	
Name of Insured	TRN	
Home Address		Date of birth
Email address	Telephone #_	Cell phone #
Occupation	Name of Employer	
Business Address		Business #
PARTICULARS OF INSURAN	CE	
Policy # Ty	pe of Policy	Type of cover
	(i.e. Private Car or Co	ommercial) (i.e. Comprehensive or Third Party)
Insured value	Excess	Period of insurance
PARTICULARS OF VEHICLE		
		Licence Plate No
		n-repaired damage prior to the theft?
		- repuned damage prior to me metri
		Distinguishing marks?
		ion?Particular of damages
Thus the veniere seem receivered	17 900, 117 What contains	runvalur or dumages
Where can it be inspected?		
		t's a private car were contents stolen?
		terest in the vehicle
PARTICULARS OF USE		

Were goods being carried?			
If yes, state the nature of the goods and the weight of the load			
How many persons including the driver were in the vehicle?Were they being charged a fee to be			
transported? If the vehicle wasn't being driven by the Insured, who gave the driver permission to use			
the vehicle?			
Was the Insured in the vehicle when theft occurred?			
PARTICULARS OF PERSON DRIVING			
Driver's NameOccupation			
AddressTelephone #			
Date of Birth TRN Driver's Licence #			
Date Issued By which Tax Office? Type of Licence			
What is the relationship between the driver and the Insured?			
PARTICULARS OF THEFT:			
Date of theft? a.m./ p.m. Place			
Was is a hold up?			
Would you be able to identify the person (s)? If so, please state			
Where there any witnesses? If yes, please give details			
Name of Policeman Number Police Station			
Date reportedTime			

STATEMENT

State fully what happened. The statement must be completed by the last driver of the vehicle.

Every letter, claim, writ, summons and process shall be notified	d or forward to the company immediately on receipt without admission of liability by you.
Please be advised that GK General Insurance Corany claim and any such recorded conversation management.	impany Ltd. reserves the right to record interviews & conversations pertaining to hay be used as evidence in any claim settlement.
ascertain complete and provide accurate answers	ept the above statements and represent that I/we have made a good faith effort to s to the questions set forth in this application and that the information provided in a cacurate and complete to the best of my/our knowledge and belief.
I/we agree that if I/we have made any false or fra	audulent statement or concealed any material fact the claim maybe forfeited.
Dated	Signature of Insured
Witness	Signature of Driver
(Please print name)	