



**GK GENERAL INSURANCE COMPANY LIMITED**

New Kingston Knutsford Boulevard | Liguanea 124 Hope Road | 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

**PUBLIC LIABILITY CLAIM FORM**

*ACCURACY OF STATEMENTS: When answering the questions on this form, you must be honest and truthful; if any false or fraudulent statement or declaration is made in support of the claim the Policy shall be rendered void and the claim forfeited.*

**THIS FORM SHOULD BE COMPLETED AND RETURNED TO GK INSURANCE WHETHER A CLAIM IS BEING MADE ON THE INSURED OR NOT**

**KINDLY COMPLETE IN BLOCK CAPITALS**

**POLICY DETAILS**

Policy No: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Insured's Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**ACCIDENT DETAILS**

Date & Time of Accident: \_\_\_\_\_ Place of Accident: \_\_\_\_\_

Name & TRN of Injured Person: \_\_\_\_\_ Age of Injured Person: \_\_\_\_\_

Address of Injured Person: \_\_\_\_\_

Is there a relationship between insured and injured person?:  Yes  No

Name of Owner of Property Damaged: \_\_\_\_\_

Address of Owner of Property Damaged: \_\_\_\_\_

Is there a mortgagee on property? Yes or No \_\_\_\_\_. If yes state name of mortgagee \_\_\_\_\_

Please explain how the accident occurred (Fulsome account may be provided on attached form):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State whether any claim has been made upon you (with details of amount, if known).

*If the claim is in writing, please forward the communication to us unanswered.*

\_\_\_\_\_

State the nature and extent of the Third Party's Property Damage or Injury?

\_\_\_\_\_

When, and by whom, was the accident reported to you?

\_\_\_\_\_

Did anyone witness the accident? If yes, give their name. (Fulsome account of any witness may be provided on attached form):

\_\_\_\_\_

***I/We hereby declare that to the best of my/our knowledge and belief, the above statements are fully and truly made and it does not contain false or exaggerated information. I/We further declare that the statements above can be relied upon in the contemplation of litigation proceedings, which may arise.***

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Insured's Signature, Stamp & Seal**

