

## Motor Accident Report Form



### GK GENERAL INSURANCE COMPANY LIMITED

NEW KINGSTON  
Knutsford Boulevard

LIGUANA  
Sovereign Ctr.

DOWNTOWN  
Duke Street

MANDEVILLE  
Midway Mall

MONTEGO BAY  
Fairview Shopping Ctr.

PORTMORE  
Portmore Town Ctr.

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## THEFT CLAIM FORM

**ACCURACY OF STATEMENTS:** When answering the questions on this form, you must be honest and truthful. It is a condition of the policy that it shall be void if any false or fraudulent statement or declaration be made in support of the claim. It is important that care shall be exercised in completing the form.

### PARTICULAR OF THE INSURED

Name of Insured \_\_\_\_\_ TRN \_\_\_\_\_

Home Address \_\_\_\_\_ Date of birth \_\_\_\_\_

Email address \_\_\_\_\_ Telephone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Business # \_\_\_\_\_

### PARTICULARS OF INSURANCE

Policy # \_\_\_\_\_ Type of Policy \_\_\_\_\_ Type of cover \_\_\_\_\_

(i.e. Private Car or Commercial) (i.e. Comprehensive or Third Party)

Insured value \_\_\_\_\_ Excess \_\_\_\_\_ Period of insurance \_\_\_\_\_

### PARTICULARS OF VEHICLE

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Licence Plate No. \_\_\_\_\_

Colour \_\_\_\_\_ Left/Right hand drive \_\_\_\_\_ Was there any un-repaired damage prior to the theft? \_\_\_\_\_

If so, give details \_\_\_\_\_

Were there any modifications? \_\_\_\_\_ Distinguishing marks? \_\_\_\_\_

Special Fittings & accessories? \_\_\_\_\_ If yes, please state \_\_\_\_\_

Has the vehicle been recovered? \_\_\_\_\_ If yes, in what condition? \_\_\_\_\_ Particular of damages \_\_\_\_\_

Where can it be inspected? \_\_\_\_\_

Was an immobilizer fitted to the vehicle? \_\_\_\_\_ If it's a private car were contents stolen? \_\_\_\_\_

If yes, please state \_\_\_\_\_

Name and Address of any Bank or Company with a financial interest in the vehicle \_\_\_\_\_

**PARTICULARS OF USE**

State in detail the purpose for which the vehicle was being used at the time of the theft \_\_\_\_\_

\_\_\_\_\_ 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 Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

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? \_\_\_\_\_ Time \_\_\_\_\_ a.m./ p.m. Place \_\_\_\_\_

Was is it a hold up?  
\_\_\_\_\_

Would you be able to identify the person (s)? \_\_\_\_\_ If so, please state \_\_\_\_\_

