Motor Accident Report Form



GK GENERAL INSURANCE COMPANY LIMITED

New Kingston

Liguanea Sovereign Ctr. Downtown Duke Street

MANDEVILLE Midway Mall

Montego bay

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	ressBusiness #		Business #			
PARTICULARS	S OF INSURANCE					
Policy #	Type of F	Policy	Type of cover			
		(i.e. Private Car or Commo	ercial) (i.e. Comprehensive or Third Party)			
Insured value		Excess P	Period of insurance			
PARTICULARS OF VEHICLE						
Year	Make	Model	Licence Plate No			
ColourLeft/Right hand drive Was there any un-repaired damage prior to the theft?						
If so, give details						
Were there any modifications?						
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 be	ing used at the time of the theft				
	Were goods being carried?				
If yes, state the nature of the goods and the weight of the	ne load				
How many persons including the driver were in the veh	nicle?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					
	Occupation				
	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?					
1					
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					

Were there any witnesses? If ye	es, please give deta	ails	
Name of Policeman	Number	Police Station	
Date reported	Time		
STATEMENT			
State fully what happened. The statemen	t must be comple	eted by the last driver of the vehicle.	
Every letter, claim, writ, summons and proces admission of liability by you.	s shall be notified or	r forward to the company immediately on receipt without	
Please be advised that GK General Insurance any claim and any such recorded conversation	Company Ltd. reser may be used as evi	ves the right to record interviews & conversations pertaining to dence in any claim settlement.	
ascertain complete and provide accurate answ	ers to the questions	ements and represent that I/we have made a good faith effort to set forth in this application and that the information provided in applete to the best of my/our knowledge and belief.	
I/we agree that if I/we have made any false and all rights to recover thereunder in resp		ment or concealed any material fact the policy shall be voic be forfeited.	
Dated	Signat	ure of Insured	
		Signature of Driver	
(Please print name)	(Signatuı	re)	