BURGLARY CLAIM FORM

CLAIM No. _____

GK GENERAL INSURANCE COMPANY LIMITED

New Kingston Knulsford Boulevard | LtGLIANEA Sovereign Ctr. | Downtown Duke Street | Mandevtlle Midway Mall | MONTTEGO BAY Fairview Shopping Ctr. | Portmore Portmore Town Ctr.

Toll Free: 1-88&429-5GKG (429-5454) | Fax:876-968-1920 | Email: gkginfo@gkco.com | Website: www.gkgeneral.com

***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.*

Name of Company: _____ Branch: _____ Policy No. _____

Name of Insured in full _____ TRN _____

E-mail Address _____ Date of payment of last premium _____

Full address of the premises where the theft took place _____ Tel. No. _____

Business Address _____ Tel. No. _____

1. On what date and between what hours were your premises broken into?	
2. On what date and hour was the robbery discovered and by whom?	
3. Which rooms were rifled?	
4. Describe means by which entry was obtained and state what doors or windows were forced.	
5. Were the premises occupied at the time? If not, upon what date and at what hour were they last occupied	
6. Do your suspicions rest upon anyone, and if so, whom	
7. Give date the police were advised and name of police station (The police must be advised promptly in all cases)	
8. Are you the sole owner of the property stolen or damaged? If not, give name of owner.	
9. Are there any other insurances against theft upon the same property?	
10. What was the value of the total contents of your premises at the time of the loss?	
11. Have you ever before sustained loss by fire, burglary, housebreaking or larceny? Was a claim made upon any Company pr underwriters' Is give names, date, nature of loss and amount paid.	

I HEREBY WARRANT the truth of forgoing statements

Signature _____

Date _____

NOTE :- The back of this Form must be completed

P.T.O.

cription of articles en or damage	From whom obtained (Name and Address	Date Purchased or acquired	Net cost Price	Deduction for are, use or wear and Tear	Sum Claimed	F