



GK GENERAL INSURANCE COMPANY LIMITED

NEW KINGSTON Knutsford Boulevard | LIGUANA Sovereign Cir. | DOWNTOWN Duke Street | MANDEVILLE Midway Mall | MONTEGO BAY Fairview Shopping Ctr. | PORTMORE Portmore Town Ctr.
Toll Free: 1-888-429-5CKC (429-5454) | Fax:876-968-1920 | Email: gkginfo@gkco.com | Website: www.gkgeneral.com

PLEASE ANSWER EVERY QUESTION

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.

Policy No.:

Name of Insured \_\_\_\_\_ TRN \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address where breakage occurred \_\_\_\_\_

Business \_\_\_\_\_

Date of breakage \_\_\_\_\_

Size of glass \_\_\_\_\_

Type of glass (if not plate) \_\_\_\_\_

If glass is ornamented, state details \_\_\_\_\_

Situation of glass(whether in window, door, showcase, etc.) \_\_\_\_\_

How did breakage occur? \_\_\_\_\_

Was breakage caused by Insured, member of family or staff \_\_\_\_\_

If not, state name and address of person causing breakage \_\_\_\_\_

Was glass cracked or smashed by the happening? \_\_\_\_\_

Was glass sound previous to breakage? \_\_\_\_\_

Do you require re-glazing to be deferred until further notice? \_\_\_\_\_

I/We WARRANT that the above statements are true and accurate and does not contain false or exaggerated information.

Signature \_\_\_\_\_

Date \_\_\_\_\_