

INSURED

DETAILS OF INCIDENT

GK GENERAL INSURANCE COMPANY LIMITED

NEW KINGSTON Knutsford Boulevard

Sovereign Ctr.

MANDEVILLE Midway Mall

Toll Free: 1-888-429-5GKG (429-5454) | Fax: 876-968-1920 | Email: gkginfo@gkco.com

| Website: www.gkgeneral.com

GOODS IN TRANSIT CLAIM FORM

		Claim No .		
NSURED				
Business Address				
Policy No	Tel.	No		
State whether the property wa	as (a) stolen	(b) lost	(c) damaged	
f stolen, do your suspicions r	est on anyone?	YES / NO		
f so, on whom?				
Theft, loss or damage was dis	. ,			
b) time (c) by	whom			
Date Police were advised, and				
State the date when and the damage or accident took place	circumstances unde	er which the th	neft, loss,	
Address from which goods were dispatched				
Were the goods carried at:	(a) Carriers' risk? (b) Owners' risk?			
Give a short description of the goods involved				
Amount claimed on net cost price				
Where the goods covered by any other insurance? YES / NO f YES, state name of company				
What was the weight of the consignment?				
What was the weight of the missing or damaged goods?				
Name and address of Consignee				

Were goods dispatched by Road, Rail, Air or Post?				
Has a claim been made against Carrier? YES/NO				
If goods dispatched by Post, whether Letter, Parcel or Registered, was proof of posting obtained? YES / NO	f			
Has claim been made on Post Office? YES / NO				
Registered number of vehicle				
State whether principal Contractor or Sub-contractor, and give details				
	••			
Description and weight of load lost or damaged				
	••			
Name and address of person driving				
(The driver's signed statement must be attached)				
If another vehicle is involved give name and address of the owner and particulars of the vehicle				
Name and address of any witness				
If due to collision give a detailed description of circumstances and sketch				
below				
	••			
	••			
COLLISON - ROUGH PLAN OF ACCIDENT				
Please show (a) name and approximate widths of roads and				
(b) tracks of vehicle				

I warrant the truth of the foregoing statements.

Signature

Date