



GK GENERAL INSURANCE COMPANY LIMITED

NEW KINGSTON
Knutsford Boulevard

LIGUANEA
Sovereign Cir.

DOWNTOWN
Duke Street

MANDEVILLE
Midway Mall

MONTEGO BAY
Fairview Shopping Ctr.

PORTMORE
Portmore Town Ctr.

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Email: gkginfo@gkco.com |

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HURRICANE LOSS CLAIM FORM & DECLARATION BY INSURED

Date of Loss _____

Claim No. _____

1) Name of Insured	
2) TRN	
3) Telephone numbers	
4) Address	
5) E-mail address	
6) Address of property destroyed	
7) Describe the property destroyed	
8) Please state estimated amount of loss	
9) Describe briefly what happened and the resultant damage and state what you believe caused it to happen	
10) Were the premises occupied at the time of the loss? If not, please give period of unoccupancy.	
11) State precisely the purpose for which the premises were being used at the time of the loss.	
12) Do you have any proper books, documents, receipts, invoices, valuations and the like to prove the amount of the loss?	
13) Are there any other insurances on the said property with any other insurer; whether effected by the claimant or any other person? If so, state full particulars. If not, please write "NO"	
14) Give dates of any previous claims of a similar nature you have had in connection with these or any other premises, and state the amount collected from Insurer(s). If none, write "NONE"	
15) Please give the i) location and ii) estimated value of any salvage	

I DECLARE that these particulars including those on the reverse side are TRUE and COMPLETE and I am aware that I must submit my detailed estimate/claim within 30 days of the event

DATED _____ Signature of Insured or Attorney _____

The Information on the reverse of the form must be completed and is a part of the declaration made by you above.

