

1)

2)

3)

4)

5)

6)

7)

8)

TRN

Address

to happen

unoccupancy.

time of the loss.

E-mail address

Name of Insured

Telephone numbers

Address of property destroyed

Describe the property destroyed

Describe briefly what happened and the resultant damage and state what you believe caused it

10) Were the premises occupied at the time of the loss? If not, please give period of

12) Do you have any proper books, documents, receipts, invoices, valuations and the like to prove the

amount of the loss?

other person?

11) State precisely the purpose for which the premises were being used at the

13) Are there any other insurances on the said property with any other insurer; whether effected by the claimant or any

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).

15) Please give the i) location and

If so, state full particulars. If not, please write "NO"

If none, write "NONE"

salvage

Please state estimated amount of loss

GK GENERAL INSURANCE COMPANY LIMITED

NEW KINGSTON

LIGUANEA DOWNTOWN
Sovereign Ctr. Duke Street

MANDEVILLE Midway Mall

MONTEGO BAY Fairview Shopping Ctr.

HURRICANE LOSS							
CLAIM FORM &	DECLARATION	BY INSURED					

Toll Free: 1-888-429-5GKG (429-5454) | Fax: 876-968-1920 | Email: gkginfo@gkco.com | Website: www.gkgeneral.com Date of Loss Claim No.

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

ii) estimated value of any

INSTRUCTIONS TO BE OBSERVED IN COMPLETING THIS FORM

If the claim be in respect of BUILDINGS, the claim must be accompanied by two Builders' Estimates, obtained at the Insured's own expense, of the Cost of repairing the Building in accordance with the Policy terms.

If the claim be in respect of CONTENTS, a full list of Articles destroyed or damaged must be given and against each item must be declared:

- 1) -their original Cost price
- 2) -their value immediately before the occurrence (after making due allowance for "wear & tear")
- 3) -their value (if any) after the occurrence, or :"Value of Salvage"
- 4) -their difference between 2 &3, which will be the net amount of loss sustained.

Item No.	Description of Items	Cost price of articles damaged or destroyed	Date of purchase	Estimated value at the time of the loss	Value of the Salvage	Net amount claimed after deduction of such 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	
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