



# GK GENERAL INSURANCE COMPANY LIMITED

New Kingston  
Knulsford Boulevard

LIGUANEA  
Sovereign Ctr.

Downtown  
Duke Street

Mandeville  
Midway Mall

MONTTEGO BAY  
Fairview Shopping Ctr.

Portmore  
Portmore Town Ctr.

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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 anv	

