



# GK GENERAL INSURANCE COMPANY LIMITED

New Kingston  
Knutsford Boulevard

LIGUANEA  
Sovereign Ctr.

Downtown  
Duke Street

MANDEVILLE  
Midway Mall

MONTEGO BAY  
Fairview Shopping Ctr.

Portmore  
Portmore Town Ctr.

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Website: www.gkgeneral.com

## MOTORACCIDENT REPORT FORM

The report is made in the bona fide belief that litigation may ensue, and to enable the Company's representatives and Attorneys to conduct such litigation and advise in relation thereto.

**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. It is necessary therefore, that great care should be taken in completing this form and the information given here should be strictly accurate, irrespective of whether it is in the Insured's favour or otherwise.

### PARTICULARS OF INSURED

Name _____			TRIM
Home Address _____			Date of Birth _____
Contact _____	(C) _____	(H) Email _____	
Occupation _____		Employer _____	
Business Address _____			Business No. _____

### INSURANCE INFORMATION

Policy # _____	Type of Policy _____	_____	Type of Cover _____
Period of Insurance _____		Insured Value _____	Excess _____
Last Valuation Value _____		Restrictions _____	_____

### VEHICLE DETAILS

Licence Plate No. _____	Make _____	Model _____	Year _____
Colour _____	Left/Right Hand Drive _____	Condition of Tyres _____	
Was there any unrepaired damage prior to the accident? _____			
Type of Road Licence (i.e Private Car, Private C.M.C., Public C.M.C or PPV) _____			
Name & Address of Bank or Company with Financial Interest in the Vehicle _____			

### USE OF THE VEHICLE

State the exact purpose for which the vehicle was being used at the time of the accident _____ _____
If so, state the nature of the goods and weight _____
How many persons including the driver were in the vehicle? ____ Were they being charged a fee? ____
If the vehicle was being driven by a person other than the Insured, with whose permission was it being used? ____
Was the vehicle being used for hire or reward? _ Was the Insured in the vehicle when the accident occurred _

**DRIVER - IF OTHER THAN THE INSURED**

Name _____				Date of Birth _____
Address _____				Contact © _____
Occupation _____	Employer _____	Date Issued _____		Driving Experience _____
Driver's Licence/Permit No. _____				Which Tax Office _____
Type of Licence (pvt, gen, gen to inc)	FOREIGN COUNTRY) _____	How many acci		dent in the last 3 years? _____
Has the licence been endorsed?	If so, give particulars _____			
What is the relationship between the driver and t	he Insured? _____	Was the driver drinking?		_____
Does driver own a vehicle? _____	If so, where is it insured? _____			
Does the driver suffer from any physical infirmity		defective hearing	or vision?	_____

**THE ACCIDENT**

Date of Accident \_\_\_\_\_ Time \_\_\_\_ \_am/pm Place \_\_\_\_\_ in the vicinity of. \_\_\_\_\_

Condition of the Road \_\_\_\_\_ Type of Surface \_\_\_\_\_ Weather \_\_\_\_\_

Who caused the accident \_\_\_\_\_ Did the police investigate? \_\_\_\_\_ Did they visit the Scene? \_\_\_\_\_

Police Station \_\_\_\_\_ Name of Police Officer \_\_\_\_\_

Were you warned for prosecution? \_\_\_\_\_ Was the other person warned for prosecution? \_\_\_\_\_

Did the driver of the other vehicle seem to be under the influence of liquor? \_\_\_\_\_

Have you received any indication of a claim from the third party? \_\_\_\_\_

Did the driver of the other vehicle make any statement bearing on the accident? \_\_\_\_\_

Did the driver or owner sign written admission of liability? \_\_\_\_\_

	INSURED'S VEHICLE	THIRD PARTY #1	THIRD PARTY #2
DIRECTION OF TRAVEL			
ON WHICH SIDE OF THE ROAD			
SPEED BEFORE ACCIDENT			
SPEED AT THE TIME OF ACCIDENT			
LIGHTS (On, Off, Dim or Bright)			
WAS HORN SOUNDED			
WAS INDICATOR ON OR OFF			

<b>DAMAGE TO INSURED'S VEHICLE</b>	
List damage to the vehicle _____	
What is the estimated repair cost? _____	Name & No. for your Repairer _____
Was a wrecker used to remove the vehicle? _____	Name & No. of the Wrecker Co. _____
Where can the vehicle be inspected? _____	

**INJURED PERSONS IN INSURED'S VEHICLE**

NAME	ADDRESS	OCCUPATION	AGE	RELATIONSHIP TO THE INSURED	NATURE OF INJURY/HOSPITAL ATTENDED

**INDEPENDENT WITNESS - NOT PREVIOUSLY KNOWN TO INSURED**

NAME	ADDRESS	CONTACT NUMBER

**THIRD PARTIES INFORMATION**

<b>IF PEDESTRIAN OR CYCLIST PLEASE STATE:</b>	
a)	Name and Address _____ Contact No. _____
b)	Nature of Injury if any _____
c)	Damage to cycle _____
<b>VEHICLE DETAILS</b>	
a)	Owner's Name and Address _____ Contact No. _____
b)	Driver's Name & Address _____ Driver's Licence No. _____
c)	Licence Plate No. _____ Year _____ Type of Vehicle _____ Colour _____
d)	How many passengers were in the vehicle? _____ How many were injured? _____
e)	Insurance Company _____ Nature of Damage _____ Estimated Cost of Repairs _____
<b>VEHICLE DETAILS</b>	
a)	Owner's Name and Address _____ Contact No. _____
b)	Driver's Name & Address _____ Driver's Licence No. _____
c)	Licence Plate No. _____ Year _____ Type of Vehicle _____ Colour _____
d)	How many passengers were in the vehicle? _____ How many injured? _____
e)	Insurance Company _____ Nature of Damage _____ Estimated Cost of Repairs _____

**INJURY DETAILS (Use additional paper if needed)**

INJURED PERSON'S NAME	ADDRESS	OCCUPATION	AGE	INJURY & TREATMENT

**LEGAL PROCEEDINGS**

Please confirm your agreement to the following:

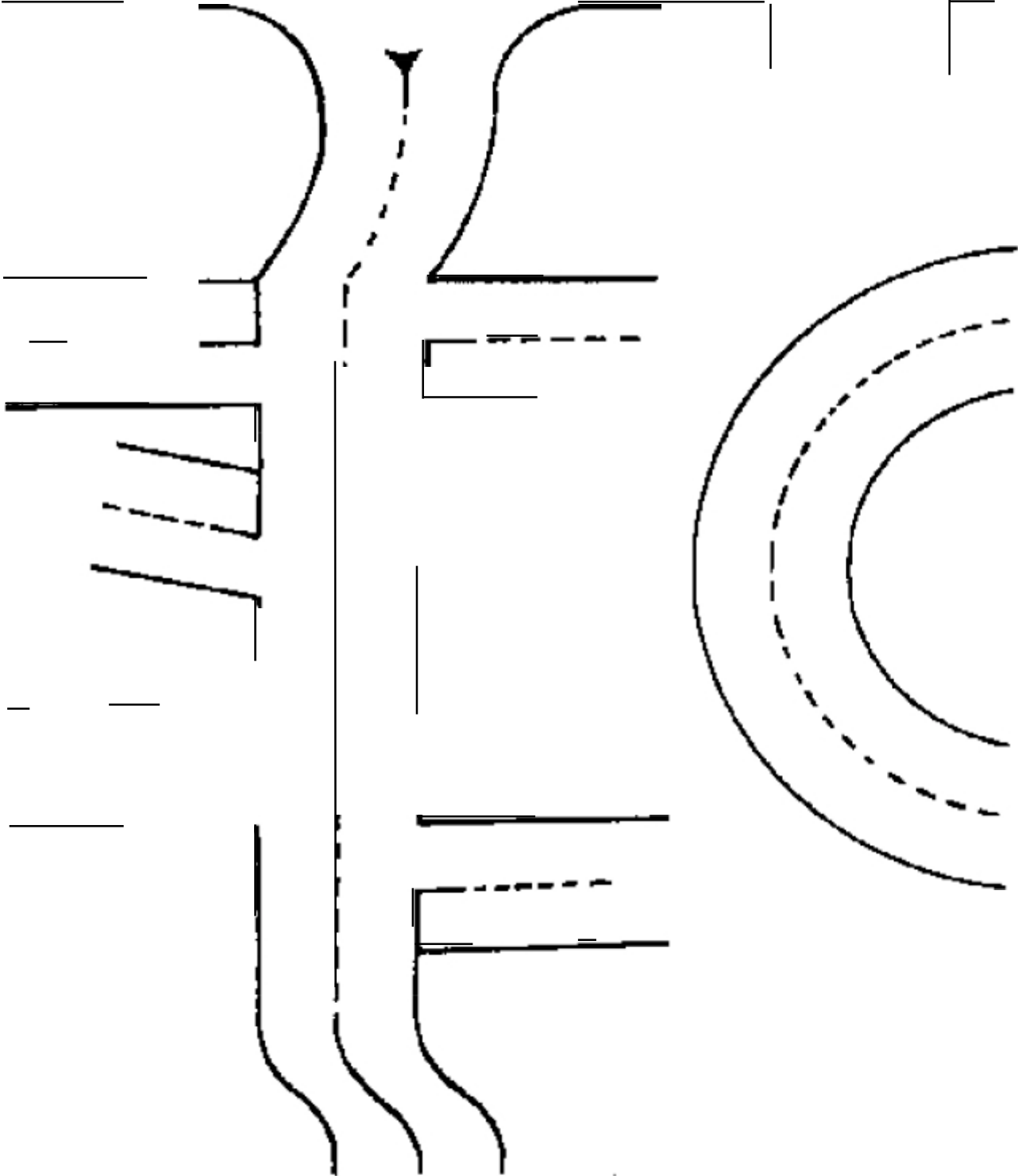
- a) You/Your driver will attend Court to give evidence regarding this accident.
- b) You are willing to have GK General's Attorneys-at-Law handle the Suit.
- c) GK General's Attorneys reserve the right to dispose of the Suit in the manner that they think is appropriate, although, they may solicit your views from time to time.
- d) You are willing if necessary to assist our process server in whatever manner possible and specifically regarding serving the Third Party.

Date \_\_\_\_\_ Insured's Signature \_\_\_\_\_ Driver's Signature \_\_\_\_\_



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PLEASE  
INDICATE  
AREA  
OF  
DAMAGE

