



**GK GENERAL INSURANCE COMPANY LIMITED**

NEW KINGSTON  
Knutsford Boulevard

LIGUANA  
Sovereign Ctr.

DOWNTOWN  
Duke Street

MANDEVILLE  
Midway Mall

MONTEGO BAY  
Fairview Shopping Ctr.

PORTMORE  
Portmore Town Ctr.

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

**MOTOR POLICY CONVERSION FORM**

Date: \_\_\_\_\_

In consideration of GK General Insurance Company agreeing to convert Policy Number \_\_\_\_\_ covering from a Private Comprehensive Motor Policy to a Private Third Party Motor Policy, I agree to be bound by the terms and conditions of the Private Third Party Motor Policy so created which shall be read together with the proposal form completed by me at the inception of the Private Comprehensive Motor Policy.

I acknowledge that the information provided on the Proposal Form completed at the inception of Policy Number \_\_\_\_\_ remains current and correct except for the following:

\_\_\_\_\_  
\_\_\_\_\_

The policy is voidable if the proposer makes any false statement or withholds any material information.  
I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed by me/us. I/we undertake that the vehicle(s) to be insured:  
(a) will not be driven by any person who to my/our knowledge has been refused motor vehicle insurance of continuance thereof and  
(b) is or are in a road worthy condition, and will be so maintained during the currency of any policy issued by GK General Insurance Company.  
I/We desire to effect insurance with GK General Insurance Company in the terms, conditions and exceptions of the policy to be issued by GK General Insurance Company.  
I/We agree that this Motor Policy Conversion Form shall be incorporated in and taken as the basis of the proposed contract between me/us and GK General Insurance Company.  
I/We hereby authorize GK General Insurance Company to share with other insurance companies, the Police and the Island Traffic Authority in Jamaica and any other such entities any and all information that may be required by those entities pertaining to me/us, my/our authorized driver(s) or the vehicle(s) declared in this Motor Policy Conversion Form or in the Policy document which together constitute the contract.  
I/We further consent to Insurance companies obtaining information in relation to my/our driving history from the Police, the Island Traffic Authority and other such entities in Jamaica.