

NO-LOSS DECLARATION FORM

GK General Insurance Company Ltd.
19-21 Knutsford Boulevard
Kingston 5

RE:

Policy number #: _____

Vehicle: _____

Registration #: _____

Risk Location: _____

Dear Sirs,

I/We declare that the above mentioned vehicle/property was not involved in any accident/incident during the period _____ to _____ and I/We have not and will not be presenting any claim for this period.

I/We warrant that the above is true and I/We agree that this declaration shall be the basis of the Reinstatement of the Policy of Insurance between Me/Us and GK General Insurance Company Limited.

.....
Insured's Name(s)

.....
Insured's Signature(s)

.....
Date

.....
CSR