

## POLICY ENDORSEMENT FORM

Policy No: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

### SECTION A: ADDITION OF HOME OWNERS OR CONTENT RISK

**Building:** Location \_\_\_\_\_ Sum Insured \_\_\_\_\_  
Location \_\_\_\_\_ Sum Insured \_\_\_\_\_

**Contents:** Description \_\_\_\_\_ Serial No. \_\_\_\_\_ Sum Insured \_\_\_\_\_  
Description \_\_\_\_\_ Serial No. \_\_\_\_\_ Sum Insured \_\_\_\_\_

### SECTION B: DELETION OF RISK

**Motor:** Chassis Number \_\_\_\_\_ Sum Insured \_\_\_\_\_  
Chassis Number \_\_\_\_\_ Sum Insured \_\_\_\_\_

**Building:** Location \_\_\_\_\_ Sum Insured \_\_\_\_\_  
Location \_\_\_\_\_ Sum Insured \_\_\_\_\_

**Contents:** Description \_\_\_\_\_ Serial No. \_\_\_\_\_ Sum Insured \_\_\_\_\_  
Description \_\_\_\_\_ Serial No. \_\_\_\_\_ Sum Insured \_\_\_\_\_

### SECTION C: SUBSTITUTION OF MOTOR RISK

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Registration Number: \_\_\_\_\_  
Colour: \_\_\_\_\_ CC Rating: \_\_\_\_\_ Sum Insured: \_\_\_\_\_  
Engine Number: \_\_\_\_\_ Chassis Number: \_\_\_\_\_

### SECTION D: POLICY CANCELLATION SUSPENSION

**Reason:**

Total Loss  Vehicle Sold  Policy Reissued  Insured Migrating  Switching to another Insurer  Switching to another Product

Unsatisfactory Customer Service  Unsatisfactory Claims Service  Reducing Cover from Comprehensive to Third Party

Upgrading Cover from Third Party to Comprehensive  Other

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

## SECTION E: NO CLAIM DISCOUNT

- Addition** Discount Percentage \_\_\_\_\_ (NCD Proof, Claims Experience or Renewal Notice required)
- Deletion** Discount Percentage \_\_\_\_\_
- Transfer to Policy #** \_\_\_\_\_ covering vehicle with chassis # \_\_\_\_\_ Discount Percentage \_\_\_\_\_

## SECTION F: REFUND REQUEST

REASON FOR REFUND: \_\_\_\_\_

CURRENCY:  \$JA  \$US

PAYMENT DETAILS:  CHEQUE  TRANSFER TO POLICY # \_\_\_\_\_  ELECTRONIC TRANSFER

### *Electronic Transfer Information*

BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_ BRANCH CODE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ ACCOUNT TYPE:  SAVING  CHEQUING

## SECTION G: CHANGE OF TYPE OF COVER/PRODUCT

Current: \_\_\_\_\_ Desired: \_\_\_\_\_

## SECTION H: OTHER INSTRUCTIONS

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## DATA PROTECTION

This is an important notice which outlines how we will collect and process your personal data. You should read it before submitting any personal data to us. To read our full Privacy Notice, visit <https://gk-insurance.com/privacy-policy> or you can request a copy from us.

If you have any further queries about how we use your personal data, please feel free to contact us.

I/We \_\_\_\_\_ acknowledge and confirm that:

1. I/We have read and understood the Privacy Notice provided to me/us and that I/We are duly authorized to sign this form on behalf of the Insured.
2. I/We consent to GKGI collecting and processing my/our personal data herein to fulfil its contractual obligations under the insurance policy, claim management and comply with legal and regulatory requirements.
3. Sensitive personal data particularly in relation to your medical information, claim history and/or criminal history will be collected herein and I/we acknowledge that the said sensitive personal data collected will be subject to further processing in connection with our insurance claim.
4. To verify the answers provided by me/us in this addition of policy endorsement form, GKGI will be sharing and/or seeking information from third parties including but not limited to other insurers, claim service providers, finance companies, databases and/or other regulatory or law enforcement bodies.
5. I/We will be conducting business with GKGI electronically which includes but is not limited to receiving updates, sending and receiving all documents, communications, notices and all other correspondence electronically.

## MARKETING

We would like to send to you, from time to time, information about our other insurance products and services, exclusive offers, promotions, discounts and new products or services. We may also share your personal data with the other subsidiaries with the GraceKennedy Financial Group or GraceKennedy Limited (referred to herein as GraceKennedy Group) and/or its subsidiaries and any other entity that may become part of the GraceKennedy Group.

**Please tick the box(es) below to confirm:**

- I/We consent to the sharing of relevant personal data with other companies in the GraceKennedy Financial Group or parent company GraceKennedy Limited (referred to herein as GraceKennedy Group) and/or their subsidiaries and any other entity/ies that may become part of the GraceKennedy Group.
- I/We consent to GKGI or other companies within the GraceKennedy Financial Group and GraceKennedy Group contacting me/us directly regarding any special offers, discounts, new and existing product offerings and bundles that may be of interest to me/us.

I would like to receive that information by (tick all that apply):

- Email  Text Message  Phone  Post

I/We also understand that I/we may withdraw my/our consent in writing at any time and if I/we choose to withdraw my/our consent, my/our benefits with GKGI would not be affected.

- I / We declare that the information given in this form is true and correct to the best of my / our knowledge/belief.
- I / We further declare that the statements above can be relied upon in the contemplation of litigation proceedings which may arise.

Signature:

\_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Signature:

\_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

***The policy is voidable if the proposer makes any false statement or withholds any material information.***

I/We declare and warrant that the answers and particulars given on the completed proposal form which governs the risks updated as per this endorsement form are true and I/we have not suppressed or misstated any material fact related to the risk being proposed to insurance. I/We hereby authorise GK General 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 GKG pertaining to me, my authorized driver or the vehicle(s) declared in this document which together constitute the contract. I/We further declare that in making a change to my policy, I have made this decision with the full knowledge that there may be changes to my excess, policy limits, policy benefits and/or other policy components. These changes have been explained to me and I accept full responsibility for the changes made.

Insured's Signature \_\_\_\_\_ (1) \_\_\_\_\_ (2)

Date \_\_\_\_\_ (1) \_\_\_\_\_ (2)

CSR Signature \_\_\_\_\_ Date \_\_\_\_\_