

PUBLIC LIABILITY CLAIM 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 there to.

⚠ 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 herein should be strictly accurate, irrespective of whether it is in the Insured's favour or otherwise.

THIS FORM SHOULD BE COMPLETED AS SOON AS POSSIBLE AND RETURNED TO GK INSURANCE WHETHER A CLAIMS BEING MADE ON THE INSURED OR NOT

KINDLY COMPLETE IN BLOCK CAPITALS

📄 POLICY DETAILS

1. Policy No: _____ 2. Insured's Name: _____
3. Insured's Address: _____
4. Contact Number: _____ 5. Email address: _____

⚠ ACCIDENT DETAILS

1. Date & Time of Accident: _____ 2. Place of Accident: _____
3. Name & TRN of Injured Person: _____ 4. Age: _____
5. Address of Injured Person: _____
6. Is there a relationship between insured and injured person? Yes No If so, what is the nature of the relationship: _____
7. Name of Owner of Property Damaged: _____
8. Address of Owner of Property Damaged: _____
9. Is there a mortgage on property? Yes No If yes state name of mortgagee: _____
10. Please explain how the accident occurred (Fulsome account may be provided on attached form):

11. State whether any claim has been made upon you (with details of amount, if known). *If the claim is in writing, please forward the communication to us unanswered.*

⚠ ACCIDENT DETAILS (CONTINUED)

12. State the nature and extent of the Third Party's Property Damage or Injury?

13. When, and by whom, was the accident reported to you?

14. Did anyone witness the accident? Yes No

If yes, give their name, number, address and email address. (Fulsome account of any witness may be provided on attached form):

I/We hereby declare that to the best of my/our knowledge and belief, the above statements are fully and truly made and it does not contain false or exaggerated information. I/We further declare that the statements above can be relied upon in the contemplation of litigation proceedings, which may arise.

Date

Insured's Signature, Stamp & Seal

DATA PROTECTION

This is an important notice which outlines how we will collect and process your personal data relating to your claim and you should read it before submitting any personal data to us.

To read our full Privacy Notice, visit [here](#) 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:

- 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.
- 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.
- 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.
- To verify the answers provided by me/us in this claim 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.
- 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 and/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 the 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.

INSURED'S SIGNATURE

DATE (mm/dd/yyyy)

INSURED'S SIGNATURE

DATE (mm/dd/yyyy)

