



# 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

## POLICY ENDORSEMENT FORM

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

<b>SECTION A: RISK</b>	<input type="checkbox"/> ADDITION	<input type="checkbox"/> DELETION
<b>Motor:</b> Chassis Number _____	Sum Insured _____	
Chassis Number _____	Sum Insured _____	
<b>Building:</b> Location _____	Sum Insured _____	
Location _____	Sum Insured _____	
<b>Contents:</b> Description _____ Serial No. _____	Sum Insured _____	
Description _____ Serial No. _____	Sum Insured _____	
Description _____ Serial No. _____	Sum Insured _____	

<b>SECTION B: POLICY</b>	<input type="checkbox"/> CANCELLATION	<input type="checkbox"/> SUSPENSION
Effective Date _____		

**SECTION C: 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 \_\_\_\_\_

<p><b>SECTION D: REFUND REQUEST</b></p> <p>REASON FOR REFUND: _____</p> <p>PAYMENT DETAILS: ___ CHEQUE ___ TRANSFER TO POLICY # _____</p> <p>___ ELECTRONIC TRANSFER <i>(please complete Electronic Transfer Information box)</i></p> <p>CURRENCY: ___ \$JA ___ \$US</p>	<b>ELECTRONIC TRANSFER INFORMATION</b>	
	BANK	
	BRANCH	
	BRANCH CODE	
	ACCOUNT NUMBER	
	TYPE	___ SAVING ___ CHEQUING

**SECTION E: OTHER INSTRUCTIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

I/We hereby authorize GKG 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.

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

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

Insurer's Signature \_\_\_\_\_ Date \_\_\_\_\_