

THEFT 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.

PARTICULARS OF THE INSURED

1. Name of Insured: _____ 2. TRN: _____
3. Home Address: _____ 4. Date of Birth: _____
5. Email Address: _____ 6. Telephone #: _____ 7. Cell Phone #: _____
8. Occupation: _____ 9. Name of Employer: _____
10. Business Address: _____ 11. Business #: _____

PARTICULARS OF INSURANCE

1. Policy #: _____ 2. Type of Policy (i.e Private Car or Commercial): _____ 3. Type of Cover (i.e. Comprehensive or Third Party): _____
4. Insured Value: _____ 5. Excess: _____ 6. Period of Insurance: _____

PARTICULARS OF VEHICLE

1. Year: _____ 2. Make: _____ 3. Model: _____ 4. Licence Plate No: _____
5. Colour: _____ 6. Left/Right hand drive: _____
7. Was there any un-repaired damage prior to the theft? Yes No If so, give details: _____
8. Were there any distinguishing marks? Yes No Special Fittings & accessories? Yes No
If yes, please state: _____
If yes, in what condition? _____ 9. Has the vehicle been recovered? Yes No
Particulars of Damages: _____

PARTICULARS OF VEHICLE (CONTINUED)

10. Where can it be inspected?

11. Was an immobilizer fitted in the vehicle? Yes No If it is a private car were contents stolen? Yes No

If yes, please state: _____

12. Name and Address of any Bank or Company with a financial interest in the vehicle:

13. State in detail the purpose for which the vehicle was being used at the time of the theft:

14. Were goods being carried? Yes No If yes, state the nature of the goods and the weight of the load: _____

15. How many persons including the driver were in the vehicle? _____

16. Were they being charged a fee to be transported? Yes No

17. If the vehicle wasn't being driven by the Insured, who gave the driver permission to use the vehicle?

18. Was the Insured in the vehicle when theft occurred? Yes No

PARTICULARS OF PERSON DRIVING

1. Driver's Name: _____ 2. Occupation: _____

3. Address: _____ 4. Telephone #: _____

5. Date of Birth: _____ 6. TRN: _____ 7. Driver's Licence #: _____

8. Date Issued: _____ 9. By which Tax Office?: _____ 10. Type of licence: _____

11. What is the relationship between the driver and the insured?

PARTICULARS OF THE THEFT

1. Date of theft?: _____ 2. Time: _____ a m / p m 3. Place: _____

4. Was it in a hold up? Yes No

5. Would you be able to identify the person(s)? Yes No If so, please state: _____

6. Were there any witnesses? Yes No If yes, please give details: _____

7. Name of Policeman: _____ 8. Police Badge #: _____

9. Police Station: _____ 10. Date Reported: _____ 11. Time: _____

DATA PROTECTION

This is an important notice which outlines how we will collect and process your personal data relating to your claim. 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 share such information 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 may be collected 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 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.
5. I/We will be conducting business with GKGI electronically which includes but 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 within 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 of Insured

Date

Signature of Insured

Date

Every letter, claim, writ, summons and process shall be notified or forward to the company immediately on receipt without admission of liability by you.

Please be advised that GK General Insurance Company Ltd reserves the right to record interviews & conversations pertaining to any claim and any such recorded conversation may be used as evidence in any legal proceedings.

I/we have carefully read and understood and accept the above statements and represent that I/we have made a good faith effort to ascertain complete and provide accurate answers to the questions set forth in this application and that the information provided in the application, including any attachment is true, accurate and complete to the best of my/our knowledge and belief. I/we understand and agree that any material misrepresentation or omission on my/our part voids all coverage.

I/we agree that if I/we have made any false or fraudulent statement or concealed any material fact the policy shall be void and all rights to recover thereunder in respect my claim shall be forfeited.

Dated

Signature of Insured

Witness (Please Print Name)

Signature of Driver

Signature of Witness