



GK GENERAL INSURANCE COMPANY LIMITED

NEW KINGSTON
Knutsford Boulevard

LIGUANA
Sovereign Ctr.

DOWNTOWN
Duke Street

MANDEVILLE
Midway Mall

MORTEGO 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

PARTICULAR OF THE INSURED

Name of Insured _____ TRN _____

Home Address _____ Date of birth _____

Email address _____ Telephone # _____ Cell phone # _____

Occupation _____ Name of Employer _____

Business Address _____ Business # _____

PARTICULARS OF INSURANCE

Policy # _____ Type of Policy _____ Type of cover _____

(i.e. Private Car or Commercial)

(i.e. Comprehensive or Third Party)

Insured value _____ Excess _____ Period of insurance _____

PARTICULARS OF VEHICLE

Year _____ Make _____ Model _____ Licence Plate No. _____

Colour _____ Left/Right hand drive _____ Was there any un-repaired damage prior to the theft? _____

If so, give details _____

Where there any modifications? _____ Distinguishing marks? _____

Special Fittings & accessories? _____ If yes, please state _____

Has the vehicle been recovered? _____ If yes, in what condition? _____ Particular of damages _____

Where can it be inspected? _____

Was an immobilizer fitted to the vehicle? _____ If it's a private car were contents stolen? _____

If yes, please state _____

Name and Address of any Bank or Company with a financial interest in the vehicle _____

PARTICULARS OF USE

State in detail the purpose for which the vehicle was being used at the time of the theft _____

_____ Were goods being carried? _____

If yes, state the nature of the goods and the weight of the load _____

How many persons including the driver were in the vehicle? _____ Were they being charged a fee to be transported? _____ If the vehicle wasn't being driven by the Insured, who gave the driver permission to use the vehicle? _____

Was the Insured in the vehicle when theft occurred? _____

PARTICULARS OF PERSON DRIVING

Driver's Name _____ Occupation _____

Address _____ Telephone # _____

Date of Birth _____ TRN _____ Driver's Licence # _____

Date Issued _____ By which Tax Office? _____ Type of Licence _____

What is the relationship between the driver and the Insured? _____

PARTICULARS OF THEFT:

Date of theft? _____ Time _____ a.m./ p.m. Place _____

Was it a hold up? _____

Would you be able to identify the person (s)? _____ If so, please state _____

Were there any witnesses? _____ If yes, please give details _____

Name of Policeman _____ Number _____ Police Station _____

Date reported _____ Time _____

STATEMENT

State fully what happened. **The statement must be completed by the last driver of the vehicle.**

(Signature)