

GK GENERAL INSURANCE COMPANY LIMITED

NEW KINGSTON Knutsford Boulevard

LIGUANEA 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

| PARTICULAR OF THE INSUR | ED | |
|--------------------------------------|---------------------------------|--|
| Name of Insured | TRN | |
| Home Address | Date of birth | |
| Email address | Telephone # | Cell phone # |
| Occupation | Name of Employer | |
| Business Address | | Business # |
| | | |
| PARTICULARS OF INSURANCE | CE | |
| Policy # Typ | oe of Policy | Type of cover |
| | (i.e. Private Car or Com | mercial) (i.e. Comprehensive or Third Party) |
| Insured value | Excess | Period of insurance |
| | | |
| PARTICULARS OF VEHICLE | | |
| | Model | Licence Plate No |
| | | repaired damage prior to the theft? |
| | | |
| | | Distinguishing marks? |
| | | |
| | | n? Particular of damages |
| Thus the vehicle been recovered: | ii yes, iii what conditio | r direction of dumages |
| Where can it be inspected? | | |
| | | a private car were contents stolen? |
| | | • |
| | | rest in the vehicle |
| PARTICULARS OF USE | | |
| State in detail the purpose for whic | h 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 NameOccupation | | | |
| AddressTelephone # | | | |
| 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 is a hold up? | | | |
| Would you be able to identify the person (s)? If so, please state | | | |
| Where there any witnesses? If yes, please give details | | | |
| Name of PolicemanNumberPolice Station | | | |
| Date reportedTime | | | |

STATEMENT

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

| Every letter, claim, writ, summons and process shall be notifie | ed or forward to the company immediately on receipt without admission of liability by you. |
|---|---|
| Please be advised that GK General Insurance Co any claim and any such recorded conversation m | ompany Ltd. reserves the right to record interviews & conversations pertaining to nay be used as evidence in any claim settlement. |
| ascertain complete and provide accurate answers | rept the above statements and represent that I/we have made a good faith effort to s to the questions set forth in this application and that the information provided in e, accurate and complete to the best of my/our knowledge and belief. |
| I/we agree that if I/we have made any false or fra | audulent statement or concealed any material fact the claim maybe forfeited. |
| Dated | Signature of Insured |
| Witness Signature of Driver | |
| (Please print name) | |