



## THEFT CLAIM FORM

**ACCURACY OF STATEMENTS:** When answering the questions on this form, you must be honest and truthful. It is a condition of the policy that it shall be void if any false or fraudulent statement or declaration be made in support of the claim. It is important that care shall be exercised in completing the form.

### PARTICULARS 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

Were there any modifications? Yes  No  Distinguishing marks?  Special Fittings & accessories? Yes  No

If yes, please state

Has the vehicle been recovered? Yes  No  If yes, in what condition?

Particular of damages

Where can it be inspected?

Was an immobilizer fitted to the vehicle? Yes  No  If it's a private car were contents stolen? Yes  No

If yes, please state

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

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

Were goods being carried? Yes No 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? Yes No

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? Yes No

**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 is it a hold up? |

Would you be able to identify the person (s)? Yes No If so, please state |

Were there any witnesses? Yes No If yes, please give details |

Name of Policeman: | Police Badge #: |

Police Station: | Date Reported: | Time: |

**STATEMENT**

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

Large empty text area for the statement, bounded by a vertical line on the left and a horizontal line at the top.

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 claim settlement.

I/we have carefully read and understand 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 this application, including any attachment is true, accurate and complete to the best of my/our knowledge and belief.

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 any claim shall be forfeited.

Dated: |

Signature of Insured: |

Witness: |

Signature of Driver |

PLEASE PRINT NAME

Signature  
of Witness: |

## **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/wp-content/uploads/2024/04/GKGI-General-Privacy-Notice.pdf> 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 sign this form 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 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.
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 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 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 GKG I 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)