

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 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.

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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: |