



GENERAL INSURANCE

19-21 Knutsford Boulevard, P.O. Box 514, Kingston 5, Jamaica, West Indies.

Toll Free: 1-888-429-5GKG (429-5454), E-Mail: [gkinfo\(5\)gkco.com](mailto:gkinfo(5)gkco.com), Website: www.gkgeneral.com

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.

WINDSCREEN CLAIM FORM

PARTICULARS OF INSURED:			
Name of Insured-	_____		
Home Address _	_____	Telephone No.	_____
Business Address	_____	Telephone No	_____
Occupation —	Nationality _____	Age	_____
PARTICULARS OF INSURANCE			
Policy #_	Due Date _____	Last Premium Paid-	_____
Type of Cover (i.e. Private Car, CMC, etc)	Type of (i.e. Comp., T.P., etc.) _____		
Insured Value	_____		
PARTICULARS OF VEHICLE			
License No _____	Make- _____	Year of Make- _____	Left/Right Hand Drive _____
Colour _____			
PARTICULARS OF PERSON DRIVING			
Driver's Name—	_____		Occupation — _____
Drivers Address_	_____	Telephone	_____
No. of Driver's Licence _	Date issued — _____	At what Tax Office- _____	
Type of Licence _	Classes of vehicles specified in the licence_ _____		
PARTICULARS OF ACCIDENT			
Date of accident-	Time _____	a.m. <input type="checkbox"/>	Place _____
		p.m. <input type="checkbox"/>	

STATEMENT

I DECLARE that these particulars are true and complete and does not contain any false or exaggerated information.

Dated _____

Signature of Insured _____

Signature of Driver _____

Inspected by _____

**THE COMPLETED FORM MUST BE RETURNED WITH COPY DOCUMENTS
(DRIVER'S LICENCE, FITNESS AND REGISTRATION CERTIFICATES)**