



GENERAL INSURANCE Company Limited

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

Toll Free: 1-888-429-5GKG (429-5454), E-Mail: gkqinfo@gkco.com, Website: www.gkgeneral.com

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 Policy _____ (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.	Place _____
		p.m.	

STATEMENT

I DECLARE that these particulars are true and complete

Dated _____ Signature of Insured _____

Signature of Driver _____

Inspected by _____ Date _____

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