Claim No.



New Kingston	Liguanea	Portmore	May Pen	Mandeville	Santa Cruz		Montego Bay
Knutsford Boulevard	124 Old Hope Road	Portmore Town Ctr.	Bargain Plaza	Midway Mall	36 Coke Drive		Fairview Shopping Ctr.
© Toll	Free: 1-888-429-5GKI	(1-888-429-5454)	Fax: 876-968-1920	🔀 gkginfo@	gkco.com 🥳	www.gk-insurance.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 #	ŧ.		
Business Address:			Telephone #	t I		
Occupation:		Nationality:	Age	c		
PARTICULARS OF INSURANCE						
Policy #:	Due Date:		Last Premium Paid:			
Type of Policy: (i.e. Private Car or Commercial)	Type of Cover: (i.e. Comprehensive	or Third Party)				
PARTICULARS OF VEHICLE						
License No.:	Make:	Year of Make:	Left/Right H	and Drive		
Colour:						
PARTICULARS OF PERSON DRIVING						
Driver's Name:	0	ccupation:				
Address:			Telephone #:			
Driver's Licence #:		Date Issued:				
By which Tax Office?:		Type of Licence:				
Classes of vehicles specified in the licence:						



PARTICULARS OF ACCIDENT:								
Date of Accident:	Time:	a.m./ p.m.	Place:					
STATEMENT Please state in details what happened.								
1								
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:	I and the second se					

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