



**New Kingston**  
Knutsford Boulevard

**Liguanea**  
124 Old Hope Road

**Portmore**  
Portmore Town Ctr.

**May Pen**  
Bargain Plaza

**Mandeville**  
Midway Mall

**Santa Cruz**  
36 Coke Drive

**Junction**  
Tony Rowe Plaza

**Montego Bay**  
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 #:

Business Address:

Telephone #:

Occupation:

Nationality:

Age:

### 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 Hand Drive

Colour:

### PARTICULARS OF PERSON DRIVING

Driver's Name:

Occupation:

Address:

Telephone #:

Driver's Licence #:

Date Issued:

By which Tax Office?:

Type of Licence:

Classes of vehicles specified in the licence:

