



# GK GENERAL INSURANCE COMPANY LIMITED

NEW KINGSTON  
Knutsford Boulevard

LIGUANEA  
Sovereign Ctr.

DOWNTOWN  
Duke Street

MANDEVILLE  
Midway Mall

MONTEGO BAY  
Fairview Shopping Ctr.

PORTMORE  
Portmore Town Ctr.

Toll Free: 1-888-429-5GKG (429-5454) |

Fax: 876-968-1920 |

Email: gkginfo@gkco.com |

Website: www.gkgeneral.com

Claim No.: \_\_\_\_\_

## MONEY CLAIM FORM

The issue of this form is not an admission of liability on the part of the Company.

State the number of your Policy	
State the date of payment of last premium	
State the date and time when the loss occurred, and by whom discovered	
Place where loss occurred	
State fully the circumstances under which the loss took place	
State the amount of the loss	
Have you any suspicions as to parties implicated? If so, give full particulars	
If any of your Employees were involved, please state their full names, addresses, and duties	
How long have they been in your employ?	
How often is a transit made?	
How many employees are engaged therein?	
What is the amount of each transit at any one time?	
What is the estimated annual amount of cash carried during the period of insurance?	
Have you sustained a loss of this nature before? If so, give details	

Have you ever had an insurance of this nature declined or terminated?	
Are any of your employees insured by a Fidelity Guarantee Policy? If so, state with which Company	
State date the loss was notified to the police and name of the Police Station	Date Police Station at
Is the money claimed for insured with any other Company or with Underwriters against Loss in Transit? If so, give particulars	

**We solemnly declare** that the money referred to overleaf belonging to me/us and insured under the said Policy, was either stolen or lost in the manner indicated, and that the amount stated represents the sum I/we am/are entitled to claim, in terms of the Policy and of the instructions annexed thereto.

We also further declare that no other person has any interest in the said money, that it is not otherwise insured with this or any other Office except as herein mentioned, that I/we have not withheld any material information and that all the statements in this form are to the best of my/our knowledge and belief correct.

*Witness my hand this ..... day of ....., 20.....*

Signature of Claimant .....

Occupation .....

Private Address .....

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Business Address .....

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Telephone No .....

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## INSTRUCTIONS REGARDING CLAIMS

N.B. – The Statement of Claim, duly completed, should be delivered to the Company immediately.

### Discovery of Loss

The Insured must promptly take all practicable steps, including the giving of immediate notice to the Police, for discovering and punishing the guilty party, if any, and for tracing and recovering the property lost.

### Accuracy of Statements

It is a condition of the Policy that it shall be void if any false statement or declaration be made in support of the claim. It is therefore important that care should be exercised in filling up the annexed statement.

### Particulars of Claim

To be stated as fully as possible, and any suspicions as to parties implicated should be communicated to the Company.