



GK GENERAL INSURANCE COMPANY LIMITED

New Kingston
Knulsford Boulevard

Liguanea
Sovereign Ctr.

Downtown
Duke Street

Mandeville
Midway Mall

Montego bay
Fairview Shopping Ctr.

Portmore
Porunore Town Ctr.

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

Fax: 876-968-1920

Email: gkginfo@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.

MONEY CLAIM FORM Claim No.

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	

