## GK GENERAL INSURANCE COMPANY LIMITED



New Kingston

Knulsford Boulevard

Toll Free: 1-88&429-5GKG (429-5454)

Liguanea Sovereign Ctr. Downtown
Duke Street
Fax:876-968-1920

Mandeville Midway Mall

| Email: gkginfo®gkco.com

Montego bay Fairview Shopping Ctr.

Portmore
Porunore Town Ctr.

| 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	

lave you ever had an insurance of this ature declined or terminated?	
are any of your employees insured by a idelity Guarantee Policy? If so, state with thich Company	
State date the loss was notified to the olice and name of the Police Station	Date Police Station at
s the money claimed for insured with any ther Company or with Underwriters gainst Loss in Transit? If so, give articulars	

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

Ve also further declare that no other person has any interest in the said money, that it is not otherwise sured with this or any other Office except as herein mentioned, that I/we have not withheld any naterial information and that all the statements in this form are to the best of my/our knowledge and elief true and correct and does not contain any false or exaggerated information.

Witness	mv	hand	this

day of.

ignature of Claimant

occupation

'rivate Address

usiness Address

elephone No

## INSTRUCTIONS REGARDING CLAIMS

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

## **Discovery of Loss**

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

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