PERSONAL ACCIDENT CLAIM FORM CLAIM No. ____________

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

Name ____________________ Age ________

TRN ____________ E-mail Address ____________

Address Private ____________________ **Tel.** No. ________

Business ____________________ **Tel.** No. ________

Business ____________________

Policy No ____________ Date of Payment of last premium ____________

Date of Accident ________ Time a.m./p.m. Place ____________

1. How did the accident happen? What were you doing at the time?	
2. What injuries have you sustained?	
3. Has the same part been injured previously?	
4. How long have you been totally or partially disabled fro n engaging in or attending to your usual business as the	
5. How long have you been confined tor- Bed? House?	From ________ to ________ From ________ to ________
6. Name and address of Doctor who is attending you. Is s)he your usual Doctor	
7. Have you required medical or surgical treatment during the past five years? If so, give particulars.	
8. Names and addresses of any witnesses of the Accident	
9. Are you claiming under any other insurance? If so, give particulars.	

I WARRANT that the above statement and particulars are correct and complete.

Signature ____________________ Date ____________________

ACY OF STATEMENTS: *When answering the questions on this form, you must be honest and truthful; if any false or fraudulent statement on is made in support of the claim the Policy shall be rendered void and the claim forfeited.*

This Form should be completed and returned within seven days

What injuries has the Patient sustained?	
When were you first consulted?	
How long has the patient been totally or partially disabled from engaging in or attending to usual business as the result solely of the injuries?	Totally from ____ to ____ Partially from ____ to ____
How much longer do you consider such disablement will continue?	Totally from ____ to ____ Partially from ____ to ____
Has the Patient any disease or any defeat and if so of what nature? To what extent may recovery be affected thereby	

gnature ______________________ Qualifications ______________________

dress ______________________ Date ______________________