



GK GENERAL INSURANCE COMPANY LIMITED

New Kingston
Knutsford Boulevard

LIGUANA
Sovereign Ctr.

DOWNTOWN
Duke Street

Mandeville
Midway Mall

MONTBGO BAY
Fairviaw Shopping Ctr.

Portmore
Portmore Town Ctr.

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Property Claim Form

- 1) NAME OF INSURED _____ TRN _____
- 2) ADDRESS _____
- 3) E-MAIL ADDRESS _____
- 4) ADDRESS OF PROPERTY DESTROYED _____
- 5) DESCRIBE THE PROPERTY _____

6) What was the nature of the occurrence (e.g. Fire, Flood etc.)	
7) Describe briefly what happened and the resultant damage and state what you believe caused it to happen.	
8) Please give the date and time of the loss.	Date _____ Time _____
9) Please state estimated amount of loss.	
10) Were the premises occupied at the time of the loss? If not, please period of unoccupancy.	
11) State precisely the purposes for which the premises were being used at the time of the loss.	
12) Is the Claimant the sole owner of the property damage or destroyed? If not give particulars of any other interest, (e.g. Mortgagee)	
13) Do you have proper books, documents, receipts, invoices, valuations and the like to prove the amount of the loss?	
14) Are there any other Insurance on the said property with any other insurer; whether effected by the claimant or any other person? If so, state full particulars. If not, please write "NO".	
15) Was any third party associated with the cause giving rise to the loss?	
16) Give dates of any previous claims of a similar	

