

Property Claim Form

The report is made in the bona fide belief that litigation may ensue, and to enable the Company's representatives and Attorneys to conduct such litigation and advise in relation thereto.

⚠ 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. It is necessary therefore, that great care should be taken in completing this form and the information given herein should be strictly accurate, irrespective of whether it is in the Insured's favour or otherwise.

1. Name of Insured _____ 2. TRN _____

3. Address _____

4. E-mail Address _____

5. Address of Property Destroyed _____

6. Describe the Property _____

7. What was the nature of the occurrence (e.g. Fire, Flood etc.) _____

8. Describe briefly what happened and the resultant damage and state what you believe caused it to happen.

9. Please give the date and time of the loss. Date _____ Time _____

10. Please state estimated amount of loss. _____

11. Were the premises occupied at the time of the loss? If not, please give period of unoccupancy. _____

12. State precisely the purposes for which the premises were being used at the time of the loss. _____

13. Is the Claimant the sole owner of the property damaged or destroyed? If not give particulars of any other interest, (e.g. Mortgagee)

14. Do you have proper books, documents, receipts, invoices, valuations and the like to prove the amount of the loss? _____

15. Is 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".

16. Was any third party associated with the cause giving rise to the loss? _____

17. Give dates of any previous claims of a similar nature you have made in connection with these or any other premises, and state the amount of the loss. If none write "NONE".

18. Please give the:
i) location _____ ii) estimated value of any salvage _____

DATA PROTECTION

This is an important notice which outlines how we will collect and process your personal data relating to your claim. You should read it before submitting any personal data to us.

To read our full Privacy Notice, visit <https://www.gk-insurance.com/privacy-notice> or you can request a copy from us. If you have any further queries about how we use your personal data, please feel free to contact us.

I/ We _____ acknowledge and confirm that:

1. I/We have read and understood the Privacy Notice provided to me/us and that I/We are duly authorized to sign this form on behalf of the Insured.
2. I/We consent to GKGI collecting and processing my/our personal data herein to fulfil its contractual obligations under the insurance policy, claim management and comply with legal and regulatory requirements.
3. Sensitive personal data particularly in relation to your medical information, claim history and/or criminal history will be collected herein and I/we acknowledge that the confidential and sensitive personal data collected is subject to further processing in connection with our insurance claim.
4. To verify the answers provided by me/us in this claim form, GKGI will be sharing and/or seeking information from third parties including but not limited to other insurers, claim service providers, finance companies, databases and/or other regulatory or law enforcement bodies.
5. I/We will be conducting business with GKGI electronically which includes but is not limited to receiving updates, sending and receiving all documents, communications, notices and all other correspondence electronically.

MARKETING

We would like to send to you, from time to time, information about our other insurance products and services, exclusive offers, promotions, discounts and new products or services. We may also share your personal data with the other subsidiaries within the GraceKennedy Financial Group or GraceKennedy Limited (referred to herein as GraceKennedy Group) and/or its subsidiaries and any other entity that may become part of the GraceKennedy Group.

Please tick the box(es) below to confirm:

- I/We consent to the sharing of relevant personal data with other companies in the GraceKennedy Financial Group or parent company GraceKennedy Limited (referred to herein as GraceKennedy Group) and/or their subsidiaries and any other entity/ies that may become part of the GraceKennedy Group.
- I/We consent to GKGI or other companies within the GraceKennedy Financial Group and GraceKennedy Group contacting me/us directly regarding any special offers, discounts, new and existing product offerings and bundles that may be of interest to me/us.

I would like to receive that information by (tick all that apply):

- Email Text Message Phone Post

I/We also understand that I/we may withdraw my/our consent in writing at any time and if I/we choose to withdraw my/our consent, my/our benefits with GKGI would not be affected.

I _____ now residing at _____ hereby declare that the property claimed for was destroyed or damaged, and all the information/statements provided herein is/are full, true and accurate to the best of my knowledge and belief, and contain no false or exaggerated information.

Date _____ Signature of Claimant _____