

MOTOR CATASTROPHE 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.

CLAIM / POLICY DETAILS

1. Claim No.: _____ 2. Policy No.: _____ 3. Type of Loss: _____ 4. Date of Loss: _____
5. Insured: _____ 6. Tel: _____
7. Postal Address: _____
8. Email Address: _____
9. Where exactly did the incident occur: _____
10. Vehicle Make and Model: _____ 11. Registration No.: _____
12. Date Reported: _____ 13. Mode of Notification: _____

NOTE that your Policy Conditions require that your statement of claim together with all other supporting documents MUST be delivered to us within thirty days of the date of loss unless stated otherwise.

The company has the right to appoint an assessor to inspect the damaged vehicle.

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS. DO NOT LEAVE ANY BLANK.

1. Location where risk can be inspected? _____
- Contact Name: _____ Tel: _____
2. a) Is the vehicle registered in your name? Yes No
- If no, in whose name is the vehicle registered? _____
- b) Is there a financial interest in the vehicle e.g. bank? Yes No
- If so, YES, state the institution/person. _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF CIRCUMSTANCES OF THE LOSS

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE DAMAGE TO VEHICLE

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 [here](#) 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' (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 the GKGI would not be affected.

- I / We declare that the information given in this form is true and correct to the best of my / our knowledge/belief.
- I / We further declare that the statements above can be relied upon in the contemplation of litigation proceedings which may arise.

Insured's Signature

Date (mm/dd/yyyy)

Insured's Signature

Date (mm/dd/yyyy)

PLEASE APPEND ADDITIONAL SHEETS IF NECESSARY

I hereby claim from GK General Insurance Company Limited the total sum of \$ _____

which I declare to the best of my knowledge is the true and accurate cost of repair my vehicle which was damaged as a direct result of the above-noted occurrence.

I declare hereby declare that the information provided above is true and accurate to the best of my knowledge

Signature of Insured:

Date:

Contact us at

E-mail: gki_claimscommunication@gkco.com

Telephone: 876-926-3204

Or to your nearest open GK General Insurance Company Limited

⚠ YOUR DUTIES AFTER A HURRICANE LOSS

- Give prompt notice to GK General Insurance Company Limited or your agent of the loss. Note your policy conditions require that your statement of claim together with all supporting documents **MUST** be delivered to GK General Insurance Company Limited within a stipulated timeframe of thirty days following the event.
- Protect your vehicle from further damage. Kindly take reasonable and appropriate measures to safeguard your vehicle from further loss. If your vehicle is not in a safe environment after the loss, you may secure the vehicle with the use of a wrecker service up to the Wrecker and Storage limit under your policy.

If temporary repairs to the vehicle are required, you must:

1. Make reasonable and necessary repairs to protect the vehicle.
2. Keep an accurate record of repair expenses.
3. Take photograph of damages if possible.

📌 NEXT STEPS / IMPORTANT ADDITIONAL INFORMATION

- Complete, sign and submit Motor Catastrophe Claim Form (above) along with all supporting documents.
- Obtain a detailed estimate of repairs from a reputable garage: please ensure that the repairer's TRN and garage address is noted on the repair estimate.
- It is important that you provide a phone number(s), preferably mobile numbers, where we can contact you, as well as an email address to facilitate timely communication with us.
- Include pictures and/or video of the damages before you do any clean up with your submission as well as provide same to your adjuster so that we can see the extent of the original damage.
- Do whatever you can to protect your vehicle from further damage.