

Residential 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.

INSTRUCTIONS ON HOW TO SUBMIT YOUR CLAIM

1. This form together with all supporting documents such as invoices or bills, receipts and a detailed cost estimate (where required) should be obtained at your expense and returned to us as per your Policy Conditions
2. If your policy is arranged on an Indemnity basis (i.e. current market value), you should make allowances for depreciation of the items claimed for, due to age, wear and tear, and salvage (where applicable).
3. Where your policy is arranged on a Reinstatement basis, you should indicate the current cost of repairing or replacing the items as though they were new.


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 adjuster to visit the loss location.

Please be reminded that your claim is subject to a Catastrophe Deductible and the Pro-Rata Condition of Average.

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. Location of Loss: _____
10. Date Reported: _____ 11. Mode of Notification: _____

 **New Kingston** – 19-21 Knutsford Boulevard | **Liguanea** – Shop 10, Lane Plaza | **Portmore** – Shop 16 Portmore Town Centre
Santa Cruz – Shop 4, 36 Coke Drive | **Junction** - Shop #8 Tony Rowe Plaza | **Mandeville** – Shop 4 & 5 Midway Mall, 17 Caledonia Road
Montego Bay – Unit 1 Fairview Shopping Centre | **May Pen** – Shop 7 Midland Court, 12 Manchester Avenue

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 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/ replacement of my Property which was lost or damaged as a direct result of the above-noted occurrence and that no claim is being made from any other entity unless so declared above.

Signature of Insured: _____

Date: _____

Please provide contact information to facilitate inspection of property if other than insured's information previously provided to us.

Contact Name: _____ Tel: _____

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 the stipulated timeframe of 30 days following the loss.
- Protect your property from further damage. If repairs to the property are required, you must:
 1. Make reasonable and necessary repairs to protect the property.
 2. Keep an accurate record of repair expenses.
 3. Take photograph of damages if possible.
- Prepare an inventory of damaged personal effects/contents showing the quantity, description, value and amount loss.

NEXT STEPS / IMPORTANT ADDITIONAL INFORMATION

- Obtain a detailed estimate of repairs from a reputable contractor.
- 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 home from further damage. For example, cover holes in the roof or external walls with tarps to keep out the rain.
- Pull up any wet carpet and dry the floors. Please do not discard carpet or any other damaged items, as the adjuster may need to inspect them.
- If you need to purchase tarps and other supplies to protect your home, save all your receipts and provide copies to us or your adjuster when he/she arrives for the inspection.
- Provide us with copies of your invoices for any furniture and/or contents which may have been damaged. If this is not available, obtain quotations for the same or similar furniture and contents.
- Retain all invoices, bills receipts etc., for any damaged items which may have been replaced.

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