Motor Accident Report Form



GK GENERAL INSURANCE COMPANY LIMITED

New Kingston

Liguanea Sovereign Ctr. Downtown Duke Street

MANDEVILLE Midway Mall

Montego bay Fairview Shopping Ctr. PORTMORE Portmore Town Ctr.

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THEFT CLAIM FORM

ACCURACY OF STATEMENTS: When answering the questions on this form, you must be honest and truthful. It is a condition of the policy that it shall be void if any false or fraudulent statement or declaration be made in support of the claim. It is important that care shall be exercised in completing the form.

PARTICULAR OF THE INSURED				
Name of Insured		TRN		
Home Address	Date of birth			
Email address	Telephone #	Cell phone #		
OccupationName of Employer				
Business Address		Business #		
PARTICULARS OF INSURANCE				
Policy # Type of	Policy	_ Type of cover		
	(i.e. Private Car or Commercial)	(i.e. Comprehensive or Third Party)		
Insured value	_ Excess Period	l of insurance		
PARTICULARS OF VEHICLE				
Year Make	Model	Licence Plate No		
ColourLeft/Right hand drive Was there any un-repaired damage prior to the theft?				
If so, give details				
Were there any modifications? Distinguishing marks?				
Special Fittings & accessories? If yes, please state				
Has the vehicle been recovered?	If yes, in what condition?	Particular of damages		
Where can it be inspected?				

Was an immobilizer fitted to the vehicle?	If it's a private car were contents stolen?		
If yes, please state			
Name and Address of any Bank or Company with a financial interest in the vehicle			
PARTICULARS OF USE			
State in detail the purpose for which the vehicle was b	eing used at the time of the theft		
	Were goods being carried?		
If yes, state the nature of the goods and the weight of	the load		
How many persons including the driver were in the ve	ehicle?Were they being charged a fee to be		
transported? If the vehicle wasn't being driven by the Insured, who gave the driver permission to use			
the vehicle?			
Was the Insured in the vehicle when theft occurred?			
PARTICULARS OF PERSON DRIVING			
Driver's Name	Occupation		
	Telephone #		
Date of Birth TRN	Driver's Licence #		
Date Issued By which Tax Office?	Type of Licence		
What is the relationship between the driver and the Insured?			
DADTICULADO OF THEFT.			
PARTICULARS OF THEFT:	/ N		
	a.m./ p.m. Place		
Was is it a hold up?			
Would you be able to identify the person (s)? If so, please state			

Were there any witnesses? If ye	es, please give deta	ails	
Name of Policeman	Number	Police Station	
Date reported		Time	
STATEMENT			
State fully what happened. The statemen	t must be comple	eted by the last driver of the vehicle.	
Every letter, claim, writ, summons and proces admission of liability by you.	s shall be notified or	r forward to the company immediately on receipt without	
Please be advised that GK General Insurance any claim and any such recorded conversation	Company Ltd. reser may be used as evi	ves the right to record interviews & conversations pertaining to dence in any claim settlement.	
ascertain complete and provide accurate answ	ers to the questions	ements and represent that I/we have made a good faith effort to set forth in this application and that the information provided in applete to the best of my/our knowledge and belief.	
I/we agree that if I/we have made any false and all rights to recover thereunder in resp		ment or concealed any material fact the policy shall be voic be forfeited.	
Dated	Signat	ure of Insured	
		Signature of Driver	
(Please print name)	(Signatuı	re)	