

Motor Accident Report Form



GK GENERAL INSURANCE COMPANY LIMITED

NEW KINGSTON
Knutsford Boulevard

LIGUANA
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 # _____

Occupation _____ Name 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 of insurance _____

PARTICULARS OF VEHICLE

Year _____ Make _____ Model _____ Licence Plate No. _____

Colour _____ Left/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 being 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 vehicle? _____ 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 _____

Address _____ 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? _____

PARTICULARS OF THEFT:

Date of theft? _____ Time _____ a.m./ p.m. Place _____

Was is it a hold up?

Would you be able to identify the person (s)? _____ If so, please state _____

