



GK GENERAL INSURANCE COMPANY LIMITED

NEW KINGSTON
Knutsford Boulevard

LIGUANEA
Sovereign Ctr.

DOWNTOWN
Duke Street

MANDEVILLE
Midway Mall

MONTEGO BAY
Fairview Shopping Ctr.

PORTMORE
Portmore Town Ctr.

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Property Claim Form

1)	NAME OF INSURED	TRN
2)	ADDRESS	
3)	E-MAIL ADDRESS	
4)	ADDRESS OF PROPERTY DESTROYED	
5)	DESCRIBE THE PROPERTY	
6)	What was the nature of the occurrence (e.g. Fire, Flood etc.)	
7)	Describe briefly what happened and the resultant damage and state what you believe caused it to happen.	
8)	Please give the date and time of the loss.	DateTime
9)	Please state estimated amount of loss.	
10)	Were the premises occupied at the time of the loss? If not, please period of unoccupancy.	
11)	State precisely the purposes for which the premises were being used at the time of the loss.	
12)	Is the Claimant the sole owner of the property damage or destroyed? If not give particulars of any other interest, (e.g. Mortgagee)	
13)	Do you have proper books, documents, receipts, invoices, valuations and the like to prove the amount of the loss?	
14)	Are 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".	
15)	Was any third party associated with the cause giving rise to the loss?	
16)	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".	
17)	Please give the	i) location and ii) estimate value of any salvage

INSTRUCTIONS TO BE OBSERVED IN COMPLETING THIS FORM

If the Claim be in respect of BUILDINGS, the Claim must be accompanied by two Builders' Estimates, obtained at Insured's own expense, of the Cost of putting the Building into the same state as it was in immediately before the occurrence- no contemplated improvements may be included in such estimates.

If the Claim be for CONTENTS, a full list of Articles destroyed or damaged must be given and against each item must be declared:

1. Their original Cost Price
2. Their value immediately before the occurrence (after making due allowance for “wear and tear”).
3. Their value (if any) after the occurrence, or “Value of Salvage”.
4. The difference between 2 and 3, which will be the net amount of loss sustained.

[illegible]

I _____ now residing at _____

do hereby declare that the above is a full, true and accurate statement

As Witness my hand this _____ day of _____

Signature of Claimant