



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.

Toll Free: 1-888-429-5GKG (429-5454)

Fax: 876-968-1920

Email: gkginfo@gkco.com

Website: www.gkgeneral.com

POLICY ENDORSEMENT FORM

Policy No. _____ Insured's Name _____

SECTION A: RISK ADDITION DELETION

Motor: Chassis Number _____ Sum Insured _____
 Chassis Number _____ Sum Insured _____

Building: Location _____ Sum Insured _____
 Location _____ Sum Insured _____

Contents: Description _____ Serial No. _____ Sum Insured _____
 Description _____ Serial No. _____ Sum Insured _____
 Description _____ Serial No. _____ Sum Insured _____

SECTION B: POLICY CANCELLATION SUSPENSION

Effective Date _____

SECTION C: NO CLAIM DISCOUNT

Addition Discount Percentage _____ *(NCD Proof, Claims Experience or Renewal Notice required)*

Deletion Discount Percentage _____

Transfer to Policy # _____ covering vehicle with chassis # _____ Discount Percentage _____

SECTION D: REFUND REQUEST

REASON FOR REFUND: _____

PAYMENT DETAILS: ___ CHEQUE ___ TRANSFER TO POLICY # _____
 ___ ELECTRONIC TRANSFER *(please complete Electronic Transfer Information box)*

CURRENCY: ___ \$JA ___ \$US

ELECTRONIC TRANSFER INFORMATION	
BANK	
BRANCH	
BRANCH CODE	
ACCOUNT NUMBER	
TYPE	___ SAVING ___ CHEQUING

SECTION E: OTHER INSTRUCTIONS

The policy is voidable if the proposer makes any false statement or withholds any material information.

I/We hereby authorize GKG to share with other insurance companies, the Police and the Island Traffic Authority in Jamaica and any other such entities any and all information that may be required by GKG pertaining to me, my authorized driver or the vehicle(s) declared in this document which together constitute the contract.

Insured's Signature _____ (1) _____ (2)

Date _____ (1) _____ (2)

Insurer's Signature _____ Date _____