



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.
 Toll Free: 1-888-429-5GKG (429-5454) | Fax: 876-968-1920 | Email: gkinfo@gkco.com | Website: www.gkgeneral.com

PUBLIC LIABILITY CLAIM FORM

Duty to Disclose: When answering the questions on this form, you must be honest and truthful. You have a duty under the law to tell us anything known to you which is material to the questions asked as those answers will guide us in deciding whether to insure you or anyone else to be insured under the policy and on what terms. If you are in any doubt as to whether a fact is relevant you should state it. If you do not comply with these duties and answer our questions honestly, the Company will be at liberty to treat your Policy as if it never existed and refuse to pay any claims you make under it. Your duty to make full and frank disclosure occurs: (1) at the time of proposing for insurance. (2) during the currency of the policy, if there are any changes or variation in the information given and (3) at each renewal

THIS FORM SHOULD BE COMPLETED AND RETURNED TO GK INSURANCE WHETHER A CLAIM ON THE INSURED OR NOT

KINDLY COMPLETE IN BLOCK CAPITALS

POLICY DETAILS

Policy No: _____ Insured's Name: _____

Insured's Address: _____

Contact Number: _____ Email address: _____

ACCIDENT DETAILS

Date & Time of Accident: _____ Place of Accident: _____

Name of Injured Person: _____ Age of Injured Person: _____

Address of Injured Person: _____

Name of Owner of Property Damaged: _____

Address of Owner of Property Damaged: _____

Is he/she in your service?: Yes No

Please explain how the accident occurred: _____

State whether any claim has been made upon you (with details of amount, if known).

If the claim is in writing, please forward the communication to us unanswered.

State the nature and extent of the Third Party's Property Damage or Injury?

When, and by whom, was the accident reported to you?

Did anyone witness the accident? If yes, give their name.

I/We hereby declare that to the best of my/our knowledge and belief, the above statements are fully and truly made. I/We further declare that the statements above can be relied upon in the contemplation of litigation proceedings, which may arise.

Date

Insured's Signature, Stamp & Seal