



GENERAL INSURANCE Company Limited

19-21 Knutsford Boulevard, P.O. Box 514, Kingston 5, Jamaica, West Indies.

Toll Free: 1-888-429-5GKG (429-5454), E-Mail: gkqinfo@gkco.com, Website: www.gkgeneral.com

WINDSCREEN CLAIM FORM

PARTICULARS OF INSURED:	
Name of Insured _____	
Home Address _____	Telephone No. _____
Business Address _____	Telephone No. _____
Occupation _____	Nationality _____ Age _____
PARTICULARS OF INSURANCE	
Policy # _____	Due Date _____ Last Premium Paid _____
Type of Cover _____ (i.e. Private Car, CMC, etc)	Type of Policy _____ (i.e. Comp., T.P., etc.)
Insured Value _____	
PARTICULARS OF VEHICLE	
License No _____	Make _____ Year of Make _____ Left/Right Hand Drive _____
Colour _____	
PARTICULARS OF PERSON DRIVING	
Driver's Name _____	Occupation _____
Drivers Address _____	Telephone _____
No. of Driver's Licence _____	Date issued _____ At what Tax Office _____
Type of Licence _____ Classes of vehicles specified in the licence _____	
PARTICULARS OF ACCIDENT	
Date of accident _____ Time _____ a.m. Place _____ p.m.	

STATEMENT

I DECLARE that these particulars are true and complete

Dated _____ Signature of Insured _____

Signature of Driver _____

Inspected by _____ Date _____

**THE COMPLETED FORM MUST BE RETURNED WITH COPY DOCUMENTS
(DRIVER'S LICENCE, FITNESS AND REGISTRATION CERTIFICATES)**