

CLAIM NO. \_\_\_\_\_

Please print clearly in BLOCK LETTERS throughout. Answer all questions, selecting the necessary check box as appropriate and indicating Not Applicable if required. Date format is DD/MM/YY. Please be sure to complete the Statement of Claim on the reverse side.

Branch/Agency \_\_\_\_\_

Policy No. \_\_\_\_\_ VAT No. \_\_\_\_\_

**SECTION 1 CLAIM DETAILS**

1. Name of insured \_\_\_\_\_ Tel No. \_\_\_\_\_  
 Email \_\_\_\_\_ Cell No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Profession or Occupation \_\_\_\_\_

Noting the definition below, please select which of the following is applicable to you:

 Politically Exposed Person (PEP)     
  Related to a Politically Exposed Person (PEP)     
  Not Applicable

A Politically Exposed Person (PEP) is one who has been entrusted with prominent public functions, for example a head of state or of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials. This category also includes immediate family members close personal and professional associates.

2. (a) Date and time when the loss or damage occurred	_____
(b) Date and time when the loss or damage was discovered and by whom	_____
(c) Date and time when lost/damaged property was last seen and by whom	_____
(d) Address of premises where loss or damage occurred	_____
3. Please give the full particulars of the manner and circumstances of the loss or damage	_____
4. (a) Has the loss been reported to the Police? If Yes, state when and the name and address of the Police Station?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) What other steps have been taken for the recovery of the property lost?	_____
5. If the loss is in respect of Jewellery, when was it last overhauled by a Jeweller? Give the name and address of the Jeweller	_____
6. (a) Have you previously sustained any loss or damage to property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Was a claim made upon any Company or Underwriter? if Yes, give name and date, nature of loss or damage and amount paid.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are there any other insurances upon the property? If Yes, please give full particulars?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 2 DECLARATION**

I/We hereby declare that the foregoing particulars provided by me/us are true and correct to the best of my/our knowledge and belief. I am/we are aware that the failure by me/us to provide information that is true and correct to the best of my/our knowledge and belief, or the withholding of information relevant to this claim may result in CG United Insurance Ltd. denying or voiding this claim, or in criminal prosecution and/or civil proceedings being brought against me/us in accordance with relevant Laws.

CLAIM NO. \_\_\_\_\_

**Data Protection Declaration:**

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG United Insurance Ltd. may process any and all of the personal data provided.
- I consent to CG United Insurance Ltd. processing my personal data, in accordance with CG United Insurance Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to CG United Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG United Insurance Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Date \_\_\_\_\_

Signature of Insured \_\_\_\_\_

CLAIM NO. \_\_\_\_\_

**SECTION 3** STATEMENT OF CLAIM

Please complete each column in respect of each article lost or damaged:

Description of article lost or damaged	To whom does the article belong?	Name and address of person from whom the article was purchased or by whom presented	Date of purchase, or gift and price paid	Deduction for wear and tear, depreciation and age	Amount claimed