

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 in Section 3.

Branch/Agency _____

Policy No. _____ VAT No. _____

SECTION 1 CLAIM DETAILS

Employer/Insured Name _____ 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.

1. (a) Date and time when the loss or damage occurred (b) Date and time when the loss or damage was discovered and by whom.	Date _____ Time _____ Date _____ Time _____ Name: _____
2. a) Address of the premises where the loss or damage occurred (b) Were the premises occupied at the time of the loss or damage <input type="checkbox"/> Yes <input type="checkbox"/> No (c) Have the premises been left unoccupied by day or night during the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state how long? (d) How was entrance to the premises gained?	
3. (a) Has the loss been reported to the Police? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state when and the names and address of Police Station. (b) What other steps have been taken to trace and recover the property stolen and the person responsible?	
5. Please give full particulars of the manner and circumstances of the loss or damage (Please also list each item of the claim in Section 3 of this form)	
6. Have you previously suffered loss by Fire or Burglary? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give full particulars and the name of the Insurance Company concerned (if any)	
7. What other Insurances if any, are in force upon the property lost or damaged?	



BURGLARY/THEFT CLAIM FORM

CLAIM 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.

Name (if not Insured) _____ Title/Position _____

Signature _____ Date _____

