

CLAIM NO. _____

Please print clearly in BLOCK LETTERS throughout. Answer all questions, selecting the necessary check box as appropriate and indicating Not Applicable if necessary. Date format is DD/MM/YY.

Branch/Agency _____ Tel. No. _____
 Policy No. _____ VAT No. _____

SECTION 1 INSURED'S DETAILS

Name of Insured _____ Tel No. _____
 Address _____
 Email Address _____ Cell No. _____
 Occupation _____

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

- 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.*

SECTION 2 PERSONAL LUGGAGE

Name _____
 Address of Owner _____
 Date of Loss or Damage _____ Time _____ Place _____
 Circumstance of Loss or Damage _____

 Date advised to Police _____ Address of Police Station _____
 If luggage or money is insured under any other Policy please advise: Name of Insurers _____
 Address of Insurers _____

SECTION 3 DETAILS OF LUGGAGE

| No. of articles | Description | When bought | Where bought | Cost paid | Amount claimed |
|-----------------|-------------|-------------|--------------|-----------|----------------|
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SECTION 4 PERSONAL ACCIDENT/LOSS OF DEPOSITS

Name of Injured Person _____ Occupation _____

Address _____

Date of Birth _____ Date of Accident _____ Time of Accident _____

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

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

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Description of Accident and/or Illness _____

Nature of Injury _____

Name of Doctor who Attended _____

Doctor's Address _____

Has a similar injury been sustained before? Yes No If Yes, when? _____

Name and address of usual Doctor _____

During what period was the injured person totally disabled from attending to any part of his occupation or profession?

From (DD/MM/YY) _____ To (DD/MM/YY) _____

If total disablement continues, a Medical Certificate will be required from the injured person's usual doctor.

N.B. Declaration overleaf to be completed.

| For Claims For Loss of Deposits, state: | Hotel/Accommodations Costs | Transport Costs |
|---|----------------------------|-----------------|
| 1) Amount of Deposit | | |
| 2) Percentage Returned by Carrier | | |
| Net Amount Claimed | | |

SECTION 5 DECLARATION

Note: Receipts and documents supporting this claim are to be sent with this form.

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.

Signature of Insured _____ Date _____

CLAIM NO. _____

SECTION 6 MEDICAL AND OTHER EXPENSES

Name of Person Concerned _____ Date of Birth _____

Address _____

Nature of injury or illness _____ Date _____

Cause of injury or illness _____

Name and address of doctor who attended _____

If the cause was illness, has the person concerned previously suffered similar illness? Yes No

If so, when? _____

Details of expenses claimed. _____

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

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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.

Signature of Insured _____ Date _____