

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

Head Office/Agent _____

VAT No. _____ Policy No. _____

SECTION 1 POLICY HOLDER(S)

Name _____ Occupation/Business _____

Address _____ Tel Nos. _____

Email Address _____ Cell No. _____

Email _____ Primary Contact _____

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.

SECTION 2 THE OCCURRENCE

Date _____ Time _____ Place _____

When reported _____ Reported to _____ By _____

SECTION 3 THIRD PARTY/PARTIES

	Person 1	Person 2
Name		
Address		
Details of Injuries/ Property damage/ loss		

SECTION 4 CIRCUMSTANCE OF ACCIDENT OR LOSS

SECTION 5 NAMES & ADDRESSES

	Witness 1	Witness 2	Whitness 3
Name			
Address			
Contact No.			

If you or the claimant has any insurance covering the damage or loss, please give name and address of insurers:

Has any claim been made on you following this accident or loss? Yes No If Yes, was it? Verbal Written

SECTION 6 GENERAL

1. If the accident arose from the action of a direct employee, please give name and address:

2. If the accident arose from the action of a sub-contractor or his employee, please give details:

3. Who was in charge at the time? _____

4. If the accident was due to a defect in machinery, plant, or equipment, please state nature of defect:

Note: The defective item should be retained in safe keeping.

SECTION 7 PREMISES

1. Was the accident due to any defect in the building? Yes No or in the contents? Yes No

2. If due to any defect, who is legally responsible for maintenance and repair? _____

3. What precisely was the defect? _____

4. If the owner does not occupy the premises, was the defect reported to him? Yes No

If Yes, was it reported? in writing or verbally and when? _____

SECTION 8 HOTELS AND SIMILAR ESTABLISHMENTS

1. If the claim is for loss of guest's property and has been reported to the Police, please give details of where and when:
Police Station _____ Date _____ Time _____
2. Indicate if the claimant is a: Hotel Guest* Timesharer Condominium Unit Owner Town House Resident
 Other (please give category) _____
3. *If a Hotel Guest, is the statutory notice displayed in accordance with the Hotel Proprietor's Act 1975-2? Yes No
If Yes, where? _____
4. Had the lost property previously been tendered to the Reception area for safe keeping and refused? Yes No
If so, why? _____

SECTION 9 DECLARATION

NOTE: ANY WRITTEN COMMUNICATION MUST ACCOMPANY THIS FORM AND ANY FURTHER COMMUNICATION MUST BE IMMEDIATELY FORWARDED TO THE COMPANY UNANSWERED.

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.

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 _____

Insured's Signature _____