



**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

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.

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.

**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.

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

- 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.

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

**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 \_\_\_\_\_