

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.

Agent/Broker \_\_\_\_\_ VAT No. \_\_\_\_\_  
 Policy No. \_\_\_\_\_ Account No. \_\_\_\_\_  
 Name of Insured \_\_\_\_\_ Tel No. \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cell No. \_\_\_\_\_  
 Address \_\_\_\_\_

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 1 CLAIM DETAILS**

1. Date and nature of incident.	
2. Address of the premises where the damage occurred.	
3. (a) for what purposes (e.g. Private dwelling, shop, Factory, etc.) were the premises occupied at the date of the damage?  (b) If any alteration in risk had taken place since the Policy was issued or last endorsed, please give details.	
4. (a) Does the property in respect of which the claim is made belong solely to you?  (b) If No. please give full name of any other party interested therein.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. (a) Are there any other insurances on the property, whether effected by you or by any other party?  (b) If Yes, please give name of Company, Policy No. and amount insured, if known.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. (a) Have you previously suffered loss from a similar cause in these or other premises?  (b) If so, please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No



**CATASTROPHE 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.

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

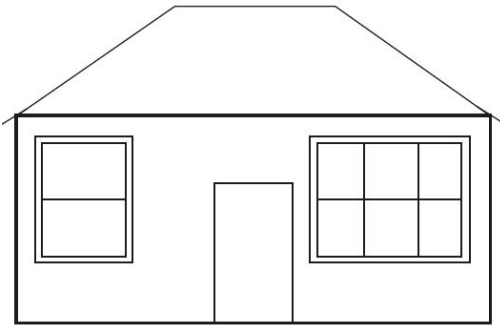
Address \_\_\_\_\_

		Sum Insured				<input type="checkbox"/> Reinst.		<input type="checkbox"/> Indemnity	
Premium Paid	Building	Contents				Deductible	Deductible	Adjuster	Date Instr.
<input type="checkbox"/> Y <input type="checkbox"/> N	\$	\$	\$	\$	\$	%	min\$		

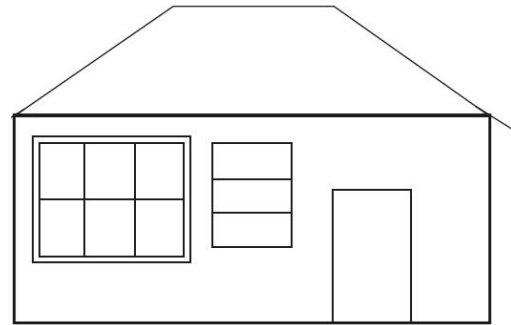
**SECTION 3** BUILDINGS

The Claim should be by a Trademan's Estimate, obtained at INSURED'S expense of the cost of putting the Building into the same state as it was in immediately before the damage; Improvements should not be included in such estimate.

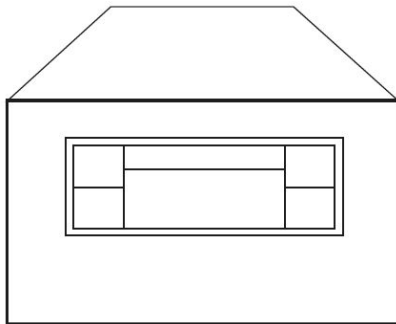
Please indicate below areas of damage.



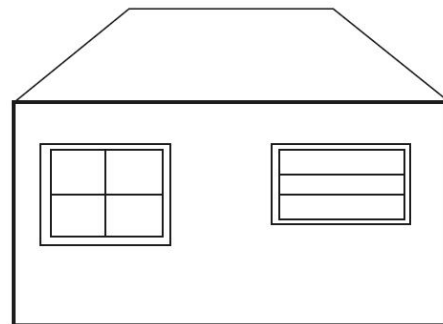
1. FRONT ELEVATION



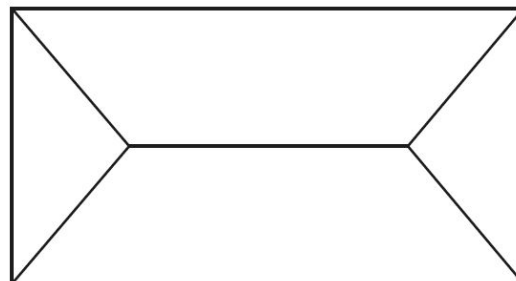
2. REAR ELEVATION



3. RIGHT ELEVATION



4. LEFT ELEVATION



5. ROOF ELEVATION

