

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. Please be sure to complete the Statement of Claim on the reverse of this form.

Branch or Agent _____ VAT No. _____

Name _____ Policy No. _____ Account No. _____

Email _____ Tel. No. _____

Address _____ Cell No. _____

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. Name of insured _____ Tel No. _____

2. (a) Address of the premises where the damage occurred. _____
 (b) Date and time when the loss or damage occurred _____
 (c) Name of Occupant if not Insured _____
 (d) Construction of Premises: _____

3. (a) For what purpose (e.g., private dwelling, shop, factory, etc.) were the premises occupied at the date of the damage. _____
 (b) If any alteration in risk has taken place since the Policy was issued or last renewed, please give details. _____

4. What was the cause of the damage, and how did it occur? _____

5. (a) Does the property in respect of which the claim is made belong solely to you? Yes No
 (b) If No, please give full name of any other party interested herein. _____
 (c) Is the Property mortgaged? Yes No If Yes, Mortgagee: _____

6. (a) Are there any other insurances on the property, whether effected by you or by any other party? Yes No
 (b) If Yes, please give name of Company, Policy No. and amount insured, if known. _____

7. (a) Have you previously suffered loss from a similar cause in these or other premises? Yes No
 (b) If Yes, please give details _____

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.

CLAIM NO. _____

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.

Signature of Insured _____

Date _____

Address _____

