

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

Branch/Agency _____

Policy No. _____ VAT No. _____

SECTION 1 CLAIM DETAILS

1. Name of insured _____ Tel No. _____
 Email _____ Cell No. _____
 Address _____
 Profession or Occupation _____

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.*

2. (a) Date and time when the loss or damage occurred	_____
(b) Date and time when the loss or damage was discovered and by whom	_____
(c) Date and time when lost/damaged property was last seen and by whom	_____
(d) Address of premises where loss or damage occurred	_____

3. Please give the full particulars of the manner and circumstances of the loss or damage

4. (a) Has the loss been reported to the Police? If Yes, state when and the name and address of the Police Station?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) What other steps have been taken for the recovery of the property lost?	_____

5. If the loss is in respect of Jewellery, when was it last overhauled by a Jeweller? Give the name and address of the Jeweller	_____
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6. (a) Have you previously sustained any loss or damage to property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Was a claim made upon any Company or Underwriter? if Yes, give name and date, nature of loss or damage and amount paid.	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Are there any other insurances upon the property? If Yes, please give full particulars?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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 TT Ltd. denying or voiding this claim, or in criminal prosecution and/or civil proceedings being brought against me/us in accordance with relevant Laws.

Date _____

Signature of Insured _____

