

To be used for all motor vehicle accidents. 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.

**SECTION 1** DETAILS OF OWNER

Name \_\_\_\_\_ Vehicle No. \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_ Tel. No. (H) \_\_\_\_\_  
B.I.R. No. (where applicable) \_\_\_\_\_ Tel. No. (C) \_\_\_\_\_  
Occupation \_\_\_\_\_ Are you VAT Registered?  Yes  No  
Employer \_\_\_\_\_ If Yes, VAT No. \_\_\_\_\_  
Name of Insurer \_\_\_\_\_ Coverage:  Comprehensive  Third-party

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 DRIVER

Name of Driver \_\_\_\_\_ Driver's Permit No. \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_ Tel. Nos. \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Does Driver own a Vehicle?  Yes  No Vehicle No. \_\_\_\_\_  
Insurer \_\_\_\_\_

**SECTION 3** CG UNITED INSURANCE CLIENT

Name of Insured \_\_\_\_\_ Vehicle No. \_\_\_\_\_  
Insured's Email \_\_\_\_\_ Contact No. \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Insured's Driver \_\_\_\_\_ Driver Contact No. \_\_\_\_\_

**SECTION 4** DETAILS OF ACCIDENT/LOSS

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_  
Location \_\_\_\_\_  
Was the accident reported?  Yes  No If Yes, please provide the following details:  
Address of Police Station \_\_\_\_\_ Date Reported \_\_\_\_\_  
Police Officer Name \_\_\_\_\_ Officer Badge No. \_\_\_\_\_

Please provide the following information for persons injured in the accident, whether the person(s) was the Driver or Passenger or Other (e.g. Pedestrian, etc.):

	Person 1	Person 2	Person 3	Person 4
Name				
Address				
Tel. No.				
Age				
Nature of Injuries				

Please provide the following information for any witnesses to the accident, whether the person(s) was a Passenger or Other (e.g. Pedestrian, etc.):

	Witness 1	Witness 2	Witness 3	Witness 4
Name				
Address				
Tel. No.				
Age				

Please provide a detailed description of the Accident/Loss

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Please provide a sketch of the accident:

**SECTION 5** 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.

Signature of Claimant \_\_\_\_\_

Signature of Driver \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_