

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.

Branch or Agent _____

Policy No. _____ VAT No. _____

SECTION 1 DETAILS OF INSURED

Name _____ Tel No. _____

Email address _____ Cell No. _____

Address _____ Post Code _____

Address where breakage occurred _____

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 DETAILS OF CLAIM

1. Date and time of breakage.	
2. Cause of breakage (State as fully as possible).	
3. By whom was breakage caused?	
4. Name, tel. nos. and address of each witness	
5. (a) Are you claiming as tenant or owner?	☐ Tenant ☐ Owner
(b) If as tenant, are you by terms of lease responsible for repairs?	☐ Yes ☐ No
6. (a) Are premises at present occupied?	☐ Yes ☐ No
7. Have you given instructions for replacement? If No:	☐ Yes ☐ No
(a) Do you wish the company to do so?	☐ Yes ☐ No
(b) Is immediate replacement required? or	☐ Yes ☐ No
(c) Would you prefer to have an undertaking to effect replacement when convenient to you?	☐ Yes ☐ No

SECTION 2 PARTICULARS OF BREAKAGE

Number of Squares	Whether Cracked or Broken out	Is Glass in a Conservatory, Greenhouse, Varandah or Outbuilding	Kind of Glass Broken	Size in inches	
				Height	Width

SECTION 3 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 Insured _____ Date _____