

PROPERTY CLAIM FORM

CLAIM NO.

Please print clearly in BLOCK LETTERS throughout. Answer appropriate and indicating Not Applicable if necessary. Date Statement of Claim on the reverse of this form.	
Branch or Agent	VAT No
Name Policy No	Account No
Email	Tel. No
	Cell No.
Noting the definition below, please select which of the follow	ving is applicable to you:
☐ Politically Exposed Person (PEP) ☐ Related to a Poli	
A Politically Exposed Person (PEP) is one who has been entry of state or of government, senior politicians, senior government owned corporations, important political party officials. This of personal and professional associates.	rusted with prominent public functions, for example a head ent, judicial or military officials, senior executives of state-
SECTION 1 CLAIM DETAILS	
1. Name of insured	Tel No
2. (a) Address of the premises where the damage occurred.	I.
(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 knowledge and belief. I am/we are aware that the failure by r best of my/our knowledge and belief, or the withholding of i Insurance TT Ltd. denying or voiding this claim, or in crimina against me/us in accordance with relevant Laws.	me/us to provide information that is true and correct to the information relevant to this claim may result in CG United
Signature of Insured	Date
Address	



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SECTION 3

STATEMENT OF CLAIM

BUILDINGS: The Claim should be by a Contractor'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.

CONTENTS: It is essential to give a full list of the articles destroyed or damaged, with the particulars set out below. In the case of Stock the "**estimated** value immediately before the damage" (column 5) must not exceed the value before sale, i.e. it must not be, based on the **selling** price.

Please complete each column in respect of each article lost or damaged. If necessary, please attached a separate sheet.

Number of articles	Description of property or articles destroyed or damaged	Approx date of purchase	Original cost price	Estimated value immediately before the damage allowing for "wear and tear"	Estimated value after the damage	Amount claimed i.e. the difference between the last two columns

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