

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.

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

