

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.

Agent/Broker _____ VAT No. _____

Policy No. _____ Account No. _____

Name of Insured _____ Tel No. _____

Email Address _____ Cell No. _____

Address _____

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. Date and nature of incident.	
2. Address of the premises where the damage occurred.	
3. (a) for what purposes (e.g. Private dwelling, shop, Factory, etc.) were the premises occupied at the date of the damage? (b) If any alteration in risk had taken place since the Policy was issued or last endorsed, please give details.	
4. (a) Does the property in respect of which the claim is made belong solely to you? (b) If No. please give full name of any other party interested therein.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. (a) Are there any other insurances on the property, whether effected by you or by any other party? (b) If Yes, please give name of Company, Policy No. and amount insured, if known.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. (a) Have you previously suffered loss from a similar cause in these or other premises? (b) If so, please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

Date _____

Signature of Insured _____

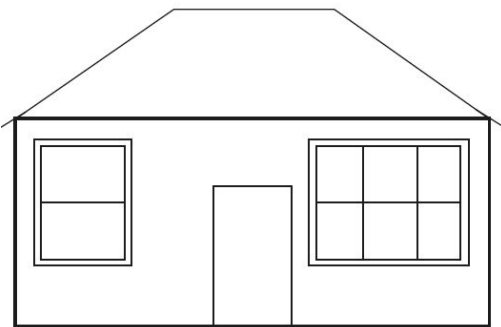
Address _____

		Sum Insured				<input type="checkbox"/> Reinst.		<input type="checkbox"/> Indemnity	
Premium Paid	Building	Contents				Deductible	Deductible	Adjuster	Date Instr.
<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	%	min\$ _____		

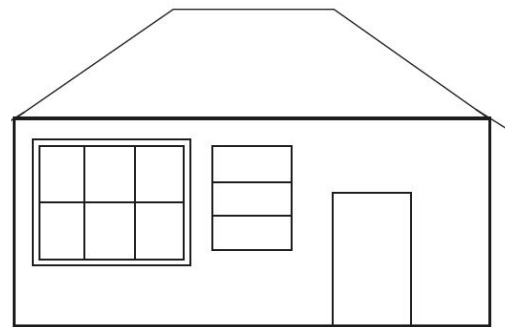
SECTION 3 BUILDINGS

The Claim should be by a Trademan’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.

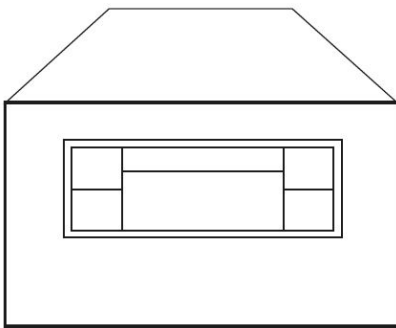
Please indicate below areas of damage.



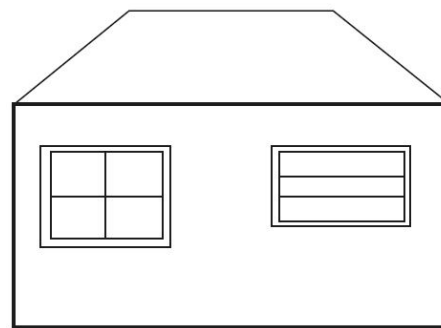
1. FRONT ELEVATION



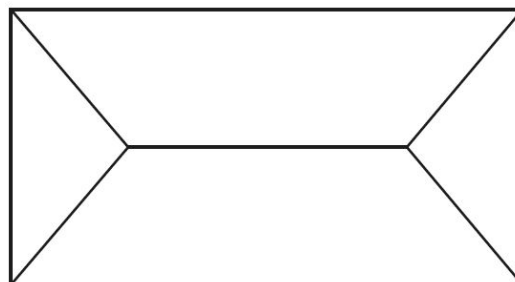
2. REAR ELEVATION



3. RIGHT ELEVATION



4. LEFT ELEVATION



5. ROOF ELEVATION

