

MOTOR ACCIDENT REPORT

THIRD PARTY CLAIMANT

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. (н)
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 follow	wing is applicable to you:
☐ Politically Exposed Person (PEP) ☐ Related to a Pol	itically Exposed Person (PEP)
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.	ent, judicial or military officials, senior executives of state-
SECTION 2 THE DRIVER	
Name of Driver	
Address	
Email	
Occupation	
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 pr	rovide the following details:
Address of Police Station	Date Reported
Police Officer Name	



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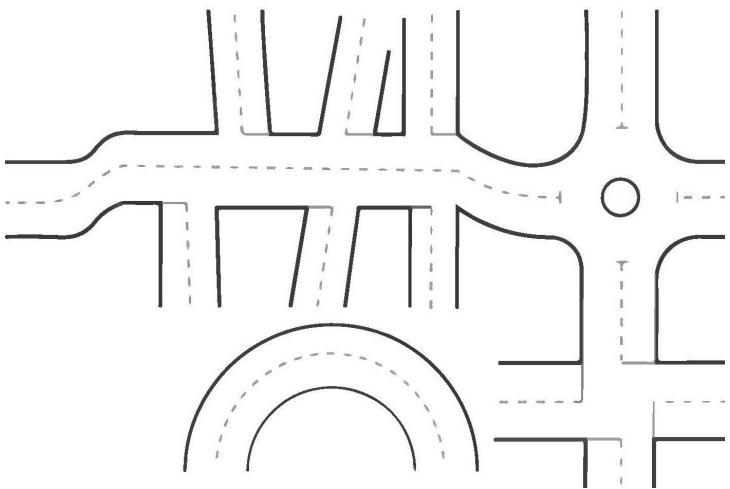
P	Person 1	Person 2	Person 3	Person 4
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ase provide the foll	lowing information	for any witnesses to th	ne accident, whether the pers	son(s) was a Passenger or
ner (e.g. Pedestrian,				
	itness 1	Witness 2	Witness 3	Witness 4
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ase provide a detail	led description of t	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 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