

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. (H) _____
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 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 THE DRIVER

Name of Driver _____ Driver's Permit No. _____
Address _____
Email _____ Tel. Nos. _____
Occupation _____ Employer _____
Does Driver own a Vehicle? Yes No Vehicle No. _____
Insurer _____

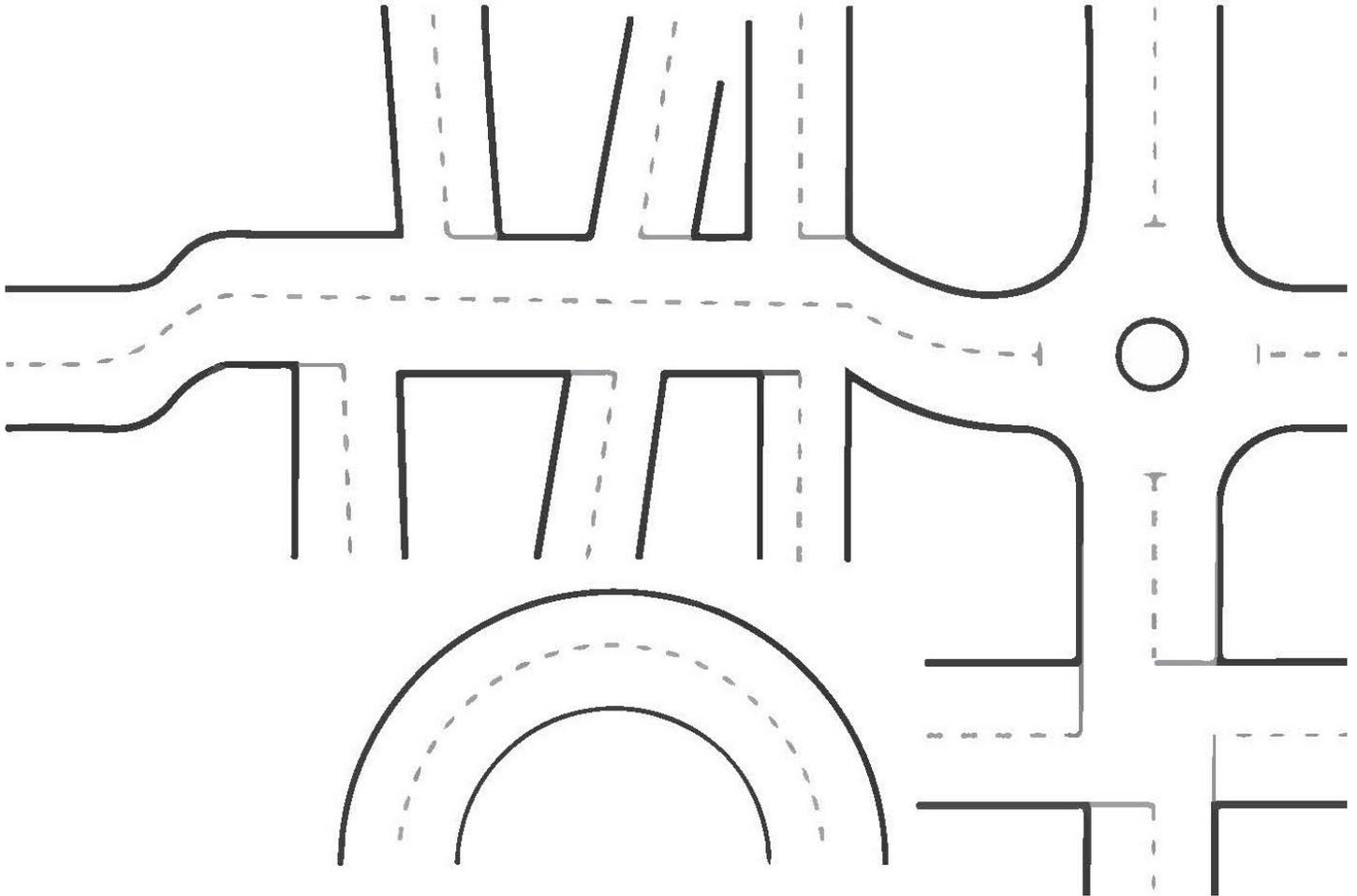
SECTION 3 CG UNITED INSURANCE CLIENT

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 provide the following details:
Address of Police Station _____ Date Reported _____
Police Officer Name _____ Officer Badge No. _____

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 _____