

CLAIM NO. _____

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.

Kindly indicate whether this report is: only a notification or additionally, if you propose claiming under the Policy.

SECTION 1 THE INSURED

Name _____ VAT No. _____

Home address _____

Business address _____

Contact Nos. (H) _____ (C) _____

Email Address _____ (W) _____

Occupation _____ Employer _____

Date of Birth (DD/MM/YY) _____ ID 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 2 THE POLICY

Policy Number	Renewal Date	Excess applicable	Coverage	Insured Value
		\$	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third-party	\$
Is premium paid? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not?				

SECTION 3 THE INSURED VEHICLE

Registration No. _____ Year _____ C.C. _____ Engine No. _____

Make/Model _____ Colour _____ Chassis No. _____

 Is the Vehicle? Left hand drive Van Motor Cycle Truck Special licence

Exactly what was vehicle being used for? _____

Name of Owner of vehicle _____

 Was the vehicle being used with the owner's consent? Yes No

Specify any mortgage/hire purchase agreement on your vehicle _____

 How many passengers were being carried? _____ Were they fare paying? Yes No

If goods were being carried, state: a) Owner _____

b) Description _____

SECTION 4 THE DRIVER

 Driver Name _____ Gender Male Female

Home address _____

Business address _____

Contact Tel. Nos. _____

Occupation _____ Employer _____

Date of Birth (DD/MM/YY) _____ ID No. _____

CLAIM NO. _____

Is the Driver employed by you? Yes No Date License originally/first issued _____

Driver's Licence No. _____ (please attach photocopy) Date of Issue _____

Type of Licence _____ Date of Expiry _____

What is the relationship of the driver to the Policyholder? _____

Has the Driver any motoring convictions/offences or licence endorsements/suspensions? Yes No

Has the Driver had any previous accidents? Yes No

Has the Driver ever been refused any type of insurance? Yes No

Has the Driver been drinking any alcohol/taking drugs? Yes No

Does the Driver own a vehicle? Yes No Where is it Insured? _____ Reg. No. _____

Has the Driver any physical infirmity, or defective vision or hearing, or loss of limb or an eye? Yes No

If Yes, please describe _____

SECTION 5 THE ACCIDENT OR LOSS

Accident Date _____ Time _____ Place _____

Did the Police go to the scene? Yes No Were measurements taken? Yes No

Police Officer's Name _____ Badge No. _____

Police Station to which reported _____

Was either party warned for prosecution Yes No If Yes, who? _____

Was the road surface paved or unpaved? Paved Unpaved

Condition of road _____ Weather conditions _____

What was your speed? a) before accident _____ b) at the time of accident _____

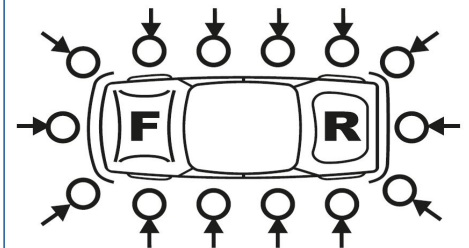
Were your lights turned on? Yes No Did you give any warning or signal? Yes No

Who do you consider responsible for the accident? _____

Please use Section 10 to supply a full description, including a diagram, of the accident.

SECTION 6 DAMAGE TO VEHICLE

Describe damage to vehicle and indicate location on image:



Where can vehicle be inspected? _____ Is vehicle still in use? Yes No

Have you obtained an estimate for repairs? Yes No If Yes, please attach a copy.

SECTION 7 PERSONS CONNECTED WITH THE ACCIDENT (AND PERSONAL INJURY)

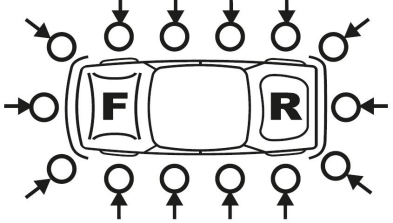
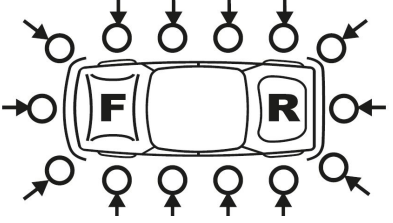
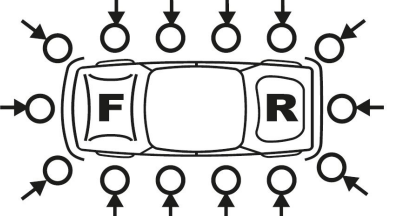
Please provide the following information for all the passengers in your vehicle:

	Person 1	Person 2	Person 3	Person 4
Name				
Address				
Tel. No.				
Age				
Nature of Injuries				
Where treated				
Involvement				

Please provide the following information for other persons injured or other witnesses to the accident, whether person(s) was Driver or Passenger or Other (e.g. Pedestrian, Witness, etc.):

	Person 1	Person 2	Person 3	Person 4
Name				
Address				
Tel. No.				
Age				
Nature of Injuries				
Where treated				
Involvement				

SECTION 8 DETAILS OF OTHER VEHICLE OR PROPERTY CONNECTED WITH THE ACCIDENT

Particulars	Vehicle 1	Vehicle 2	Vehicle 3
Registration No.			
Make			
Model			
Colour			
Name of Owner			
Address			
Name of Insurer			
Driver's Name			
Driver's Permit/ ID No.			
Date of Birth			
Address			
Name of Insurer			
Occupation			
Tel. No.			
Description of Damage			
Indicate by X the Point of direction of Impact			
Description of Damage to other Property			
Name of Owner			

SECTION 9 DECLARATION

Note: ALL COMMUNICATIONS ABOUT THE ACCIDENT MUST BE IMMEDIATELY FORWARDED TO THE COMPANY.

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.

Driver's Signature _____ ID No. _____ Date _____

Insured's Signature _____ ID No. _____ Date _____

