



Commercial Insurance

PART 1 DETAILS OF INSURED

Insured Name _____ Policy No. _____

Business Address (the Premises) _____

Contact Nos. (Work) _____ (Cell) _____

(Fax) _____ Email _____

Do you have other insurance covering this loss? No Yes If Yes, provide details of insurer: _____

PART 2 PREVIOUS CLAIMS EXPERIENCE

Have you made any previous claims relating to this property in the past 5 years? No Yes If Yes, please advise:

Date of Loss	Cause of Loss	Amount of Settlement

PART 3 DETAILS OF CLAIM

Date and Time of Incident _____

Please describe the nature of the loss or damage (e.g., Fire, Lightning, Burglary) _____

Was it necessary to inform the Emergency Services? No Yes If Yes, please provide the following details:

Emergency Service	Police	Fire Service	Ambulance
Contact Details			

Please indicate which of the following were affected as a result of the loss:

- Contract Works
- Construction Hand Tools
- Professional Fees & Clearance Costs
- Plant & Equipment
- Other (provide brief description): _____

Please complete Part 5 listing contents/equipment affected by the loss

PART 4 DECLARATION

I/We declare that the above statements are true and correct to the best of My/Our knowledge and belief. I/We have not withheld from the Insurer any information within My/Our knowledge connected with this claim. I/We agree to provide the Insurers with any further information or documentation as may be reasonably required. I/We understand that the company does not admit liability by the issue of this form.

Data Protection Declaration:

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG Atlantic General Insurance Ltd. may process any and all of the personal data provided.
- I consent to CG Atlantic General Insurance Ltd. processing my personal data, in accordance with CG Atlantic General Insurance Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.



ATLANTIC
GENERAL

**PROPERTY LOSS REPORT
(CONTRACTORS ALL RISKS)**

Commercial Insurance

- I confirm that any personal data I provide to CG Atlantic General Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG Atlantic General Insurance Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Print Name _____

Signature _____ Date _____

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Personal and Business Insurance

INSURANCE | HEALTH | PENSIONS | LIFE

A member of Coralisle Group Ltd.

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