



Home Options

PART 1 DETAILS OF POLICYHOLDER

Insured Name: First _____ Middle _____ Last _____

Policy No. _____ Renewal Date _____

Residential Address: No./Street Name _____

Address Line 2 _____

Town/Parish/Island _____ Post Code _____ Country _____

Mailing Address _____

Town/Parish/Island _____ Post Code _____ Country _____

Is the Property a Private Dwelling? Yes No

Is the Property Rented or Sublet? Yes No

Email Address _____ Cellular Telephone _____

Work Telephone _____ Home Telephone _____

Do you have any previous claims in the past 5 years? Yes No If Yes please provide the following details:

Date of Loss	Cause of Loss	Amount Paid

Name/Address of Bank/Lending Institution with interest in the Property: _____

PART 2 DETAILS OF LOSS/DAMAGE

1. Date of Loss/Damage (DD/MM/YY) _____ Time of Loss/Damage _____

2. Where did the Loss/Damage happen? _____

3. How did the Loss/Damage happen? (If theft from a building, please include details of how entry was gained.)

4. For what purposes were the premises being used at the date of the Loss/Damage?

5. Who discovered the Loss? _____

6. If the Loss was caused by a person who is not a member of the household, please provide name and contact details:

7. Were the premises and their use at the time of the Loss/Damage exactly as described in the Policy? Yes No

8. Had any element of risk been introduced which is not allowed by the Policy? Yes No

9. Were Police notified of the Loss/Damage? (Loss due to Theft/Malicious Damage must be reported.) Yes No
If Yes, when? Date _____ Time _____ Name of Officer _____

At which Police Station? _____ Police report attached

10. Is the Claimant the Sole Owner of the Lost/Damaged property? Yes No
If No, to whom does this property belong? _____

11. Is the property insured only by this Company? Yes No
If No, please advise: Insurer _____ Policy No. _____ Sum Insured \$ _____



Home Options

PART 3 PARTICULARS OF CLAIM - BUILDING DAMAGE (if relevant)

This Claim must be accompanied by two Builder's Estimates showing the cost of putting the building into the same state as it was in immediately before the occurrence (no improvements may be included). Estimates attached

If you are still awaiting estimates, do not delay sending us this form. Please tick box if estimates are being obtained and are to be sent later. Estimates being sent

PART 4 PARTICULARS OF CLAIM - CONTENTS OR VALUABLES (if relevant)

A full list of the articles Lost/Damaged, including all requested details, must be provided below. Use an extra sheet if necessary.

No.	Description of Item	Age of Item	Price Paid	Estimated Cost of Repair	Cost of Replacement (if not repairable)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

PART 5 DECLARATION BY THE CLAIMANT

I/We declare that the above statements and particulars are complete and correct to the best of my/our knowledge, and no material fact has been misrepresented, misstated or withheld. I/We hereby agree to immediately declare any additional details or any subsequent change in circumstances that may affect the accuracy of the information. If this form has been completed by anyone else, that person is my/our agent for that purpose and not the agent of CG Atlantic General Insurance Ltd. (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)

Home Options

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.
- 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.

Policyholder Name _____ Policyholder Signature _____ Date _____

Policyholder Name _____ Policyholder Signature _____ Date _____