



### Road User

**PLEASE NOTE:** Due to the investigation required for the processing of a motor vehicle theft/fire claim, the settlement of your claim will take a minimum of 6-8 weeks from the date of completion of this form.

**PART 1** DETAILS OF POLICY/POLICYHOLDER

Insured Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Policy No. \_\_\_\_\_

Street Address: No./Street Name \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Town/Parish/Island \_\_\_\_\_ Post Code \_\_\_\_\_ Country \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/Parish/Island \_\_\_\_\_ Post Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cellular Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Employer's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address: No./Street Name \_\_\_\_\_

Town/Parish/Island \_\_\_\_\_ Post Code \_\_\_\_\_ Country \_\_\_\_\_

Driver's License No. \_\_\_\_\_ National Insurance No. \_\_\_\_\_

Type of Cover \_\_\_\_\_ Renewal Date \_\_\_\_\_

Is the Loss covered by any other Insurer?  Yes  No If Yes, which? \_\_\_\_\_

**PART 2** DETAILS OF DRIVER AT THE TIME OF THE ACCIDENT ( as above)

Driver Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address: No./Street Name \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Town/Parish/Island \_\_\_\_\_ Post Code \_\_\_\_\_ Country \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/Parish/Island \_\_\_\_\_ Post Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail Address \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Cellular Telephone \_\_\_\_\_ Are you the owner of the vehicle?  Yes  No

If No, what is your relationship with the owner? \_\_\_\_\_

Under what circumstances did you obtain the vehicle? \_\_\_\_\_

Employer's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address: No./Street Name \_\_\_\_\_

Town/Parish/Island \_\_\_\_\_ Post Code \_\_\_\_\_ Country \_\_\_\_\_

Driver's License No. \_\_\_\_\_ National Insurance No. \_\_\_\_\_

**PART 3** DETAILS OF VEHICLE

Make \_\_\_\_\_ Model \_\_\_\_\_ Colour \_\_\_\_\_

Registration No. \_\_\_\_\_ Chassis No. \_\_\_\_\_ Engine No. \_\_\_\_\_

Year \_\_\_\_\_ Value \_\_\_\_\_ VIN \_\_\_\_\_

Describe any special features to help establish identity of the vehicle \_\_\_\_\_

Give details of any recent repairs \_\_\_\_\_

Was the vehicle alarmed?  Yes  No Number of keys presented \_\_\_\_\_



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Names of other key holders \_\_\_\_\_

Purchased from \_\_\_\_\_ Date of Purchase \_\_\_\_\_

Condition  New  Used  Salvage Purchase Price \_\_\_\_\_

If the vehicle is the subject of a loan, please advise:

Bank/Branch	Period of Loan	Period Remaining	Monthly Payment Amt	Remaining Balance

Does any other finance institution have an interest in this vehicle?  No  Yes If Yes, who? \_\_\_\_\_

Was the vehicle ever repossessed?  No  Yes If Yes, provide details: \_\_\_\_\_

### PART 4 DETAILS OF THEFT

Place \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_ Time \_\_\_\_\_

Were your vehicle doors locked?  No  Yes Were the keys removed?  No  Yes

Was the vehicle in a garage?  No  Yes Please provide all available keys.  Keys attached

Have you had a vehicle stolen before?  No  Yes If Yes, please provide details below:

When and where was the vehicle last seen by a) you? \_\_\_\_\_

b) the driver? \_\_\_\_\_

Purpose for being there? \_\_\_\_\_

Purpose for which vehicle was being used? \_\_\_\_\_

How did you get home from the theft location? \_\_\_\_\_

State fully what happened \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do your suspicions rest on anyone?  No  Yes If Yes, on whom? \_\_\_\_\_

Has the theft been reported to the police?  Yes  No If No, you will need to report it immediately and advise:

Incident No. \_\_\_\_\_ Date Reported (DD/MM/YY) \_\_\_\_\_ Time Reported \_\_\_\_\_

**NB:** In the event that the vehicle is recovered, and if it can be proven that no attempt was made on your part to secure the vehicle, we reserve the right to either decline the claim payment or, if a payment has already been made, we reserve the right to require reimbursement from yourself.

### PART 5 DECLARATION BY THE CLAIMANT

I/We hereby authorize CG Atlantic General Insurance Ltd. (the Company) to obtain copies of my bank records and any information concerning myself with regard to my claim and the investigation of the circumstances surrounding the theft of my vehicle. I/We understand and agree to the payment of the Claims Excess as stated on the Policy Schedule. I further understand that the Company reserves the right to decline any claim reported outside the claim notification period. I hereby certify that the above statements and the information given are true to the best of my knowledge and belief. I further declare that to my knowledge, no person other than myself has any interest in the lost or damaged property by bill of sale or as owner, mortgagee, and trustee or otherwise, except as stated. I also hereby acknowledge that I am fully aware that the settlement of this claim will take a minimum of 6-8 weeks from the date of completion of this form.



## Road User

### 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.

**NB: Please submit the registration document and the keys to the stolen vehicle along with this form. Both the Driver and the Owner of the Insured vehicle must sign below.**

Owner's Name \_\_\_\_\_ Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver's Name \_\_\_\_\_ Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_