



Road User

Group Claim Code	Employee Name	Date of Issue	Reported By	Policy No.	Claim No.

NB: Completion of this form does not constitute a claim until a claim number has been issued by CG Atlantic General Insurance Ltd. Please refer to important information on the back of this form.

PART 1 DETAILS OF CLAIM

Insured Name: First _____ Middle _____ Last _____

Address: No./Street Name _____

Address Line 2 _____

Town/Parish/Island _____ Post Code _____ Country _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Email _____

Vehicle Colour _____ Make & Model _____

Year of Manufacture _____ Registration No. _____

Location of Vehicle now _____

Briefly describe the damage that appears to have been sustained by the vehicle

Is the vehicle drivable? _____

PART 2 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.

Signature of Claimant _____ Date _____

Signature of Insured _____ Date _____



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PART 3 IMPORTANT POINTS TO NOTE

1. You are required to return this completed form to us within 14 days of the event and to submit two detailed repair estimates in support of your claim within 30 days of the damage occurring.
2. We will be appointing an engineer to inspect your vehicle and to review the estimates provided before any settlement of your claim is offered.
3. In the event your vehicle is considered to be beyond economical repair, the claim will be settled on the market value of your vehicle or the Estimated Market Value specified in your policy, whichever is the lesser amount. Market Value is, "The cost of replacing your vehicle immediately prior to the loss or damage with one of similar type, age and condition".
4. You will be required to produce the registration document and all keys at the time any payment for a 'total loss' is made. At our option, we may choose to retain the damaged vehicle or request that you retain the vehicle yourself.
5. A policy excess will be deducted from the claim amount agreed.

PART 4 FOR OFFICE USE

Policy Valid? Yes No From _____ To _____ Comprehensive Cover? Yes No

Premium Paid? Yes No Excess \$ _____

Claim No. Issued on initial Notification? Yes No If No, why not? _____

Estimated Market Value \$ _____

Engineer appointed? Yes No If Yes, Name _____ Date _____

Customer advised of further requirements? Yes No If Yes, please provide details of further requirements:

