

Claim Form

Personal Accident

Please answer all of the following questions as fully as you can. Where there is insufficient space, use a separate sheet of paper.

Claim No.
(for use by the Company only)

The Insured

Policy No.	Renewal Date
Full Name	
Occupation	Date of Birth
Home Address	
ID Number	Home Tel. Number
Work Address	Work Tel. Number

The Injured

Name	Age
Home Address	Home Tel. No.
Work Address	Work Tel. No.
Occupation / Work / Employment (please provide details)	
Weekly earnings on the day of the accident	

The Accident

Date	Time
Location	
Accident Description	

If the injury happened in a car accident, please state

Vehicles Involved

Affiliated insurance companies

Details of Injuries

Describe the nature and extent of the injuries you have suffered and attach the relevant certificates

Details of the treating physician

Name

Address

Tel. Number

When do you think according to your doctor will you return to work?

Please indicate the time period for:-

Total inability to work

From:

To:

No. of Days:

Partial inability to work

From:

To:

No. of Days:

Have you had other accidents?

YES ☐ / NO ☐

If yes, please provide details

Have you received any indemnity from any insurance company due to an accident?

YES ☐ / NO ☐

If so, please state the following:

Amount of Compensation	Period of total disability from work	Insurance Company

Are you insured against the risks of Personal Accident at another Insurance Company;

YES ☐ / NO ☐

If so, please state the following:

Insurance Company	Insured Period	Insured Amount

State the name and address of any person who witnessed the accident:

Name

Address

Tel. Number

Name

Address

Tel. Number

Declaration

I hereby declare that I have suffered the abovementioned injuries and I confirm that the details stated here in are true in every respect. I agree that if I have misrepresented, concealed or distorted any event or will proceed in doing so, my rights to compensation will be fully abandoned.

I agree to provide Commercial General Insurance Ltd (CGI) with data and information that may be used as necessary proof for the examination of my claim by CGI and/or any third party that CGI cooperates with. The personal data collected by CGI is completely relevant and necessary for the purpose of assessing my claim under the terms of my insurance policy, subject to the provisions of the General Data Protection Regulation (GDPR) and any related legislation. Furthermore, I acknowledge CGI's right to share my personal data with any third parties to the extent required for the performance of a contract, due to legal obligations and legitimate interest, considering that CGI has taken all appropriate measures to ensure that such third parties follow the guidelines of the GDPR regarding the safe processing of personal data.

I understand that in the event where I require further information as to the way CGI processes personal data, I may contact CGI's Data Protection Officer at 101 Arch. Makarios III Avenue, 1071, Nicosia or through email at DPO@cgi.com.cy or refer to CGI's Privacy Notice which is available at <http://www.cgi.com.cy>.

I further authorise any authorities such as the Police and/or other institutions or insurance companies to provide full information on the facts of this claim to CGI when such a request is made by CGI for the purpose of assessing my claim.

Signature _____ Date _____