

# Claim Form

## Theft

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 Accident

Date of Theft	Time
Date of theft disclosure	Time
Describe, as you know, how the theft has been committed	

Have you reported the theft to the Police?

YES ☐ / NO ☐

If so, state when

Name of police officer

Police Station

If not, state the reasons why you have not reported the theft

Do you have any suspicions about a person(s) likely to be involved in the theft?

Insured Property	
1	1000000000
2	1000000000
3	1000000000
4	1000000000
5	1000000000
6	1000000000
7	1000000000
8	1000000000
9	1000000000
10	1000000000
11	1000000000
12	1000000000
13	1000000000
14	1000000000
15	1000000000
16	1000000000
17	1000000000
18	1000000000
19	1000000000
20	1000000000
21	1000000000
22	1000000000
23	1000000000
24	1000000000
25	1000000000
26	1000000000
27	1000000000
28	1000000000
29	1000000000
30	1000000000
31	1000000000
32	1000000000
33	1000000000
34	1000000000
35	1000000000
36	1000000000
37	1000000000
38	1000000000
39	1000000000
40	1000000000
41	1000000000
42	1000000000
43	1000000000
44	1000000000
45	1000000000
46	1000000000
47	1000000000
48	1000000000
49	1000000000
50	1000000000
51	1000000000
52	1000000000
53	1000000000
54	1000000000
55	1000000000
56	1000000000
57	1000000000
58	1000000000
59	1000000000
60	1000000000
61	1000000000
62	1000000000
63	1000000000
64	1000000000
65	1000000000
66	1000000000
67	1000000000
68	1000000000
69	1000000000
70	1000000000
71	1000000000
72	1000000000
73	1000000000
74	1000000000
75	1000000000
76	1000000000
77	1000000000
78	1000000000
79	1000000000
80	1000000000
81	1000000000
82	1000000000
83	1000000000
84	1000000000
85	1000000000
86	1000000000
87	1000000000
88	1000000000
89	1000000000
90	1000000000
91	1000000000
92	1000000000
93	1000000000
94	1000000000
95	1000000000
96	1000000000
97	1000000000
98	1000000000
99	1000000000
100	1000000000

### Use of the premises

Value of insured property when stolen

Insured Amount

Have the premiums been paid?

YES ☐ / NO ☐

Have there been other insurances in effect on the day of theft, for the same property, to other insurance companies?

If yes, please provide details

Have you suffered similar or other theft damage in the past?

If yes, please provide details

Are you the sole owner of the objects that were stolen?

YES ☐ / NO ☐

If not, please provide details

Claim Details	
---------------	--

[illegible]

## Declaration

I hereby declare that the above statement is complete, true and accurate. In addition, I declare that the listed items are my own property and were destroyed or damaged as mentioned above.

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](mailto: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 \_\_\_\_\_