

Claim Form

Third Party Liability

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 Event

Date

Time

Place

Was he reported to the police;

NAI ☐ / OXI ☐

If yes, give details:

a) Police Station

b) Name and Number of Police Officer

Detailed description of the event

Witnesses:

(1) Name

Tel. Number

Address

(2) Name

Tel. Number

Address

Damage to Third Parties

(1) Name

Address

Telephone

ID Number

Date of Birth

Description of damage

(2) Name

Address

Telephone

ID Number

Date of Birth

Description of damage

Injured Persons

Name and Address	Age	Obvious injuries	Doctors details - hospital

Declaration

I declare the foregoing particulars to be true in every respect, and I hereby assign to Commercial General Insurance Ltd (CGI), in accordance with the terms of the Policy, the handling of all claims and litigation arising out of this accident and to which the Policy applies. I further authorise CGI to initiate all necessary legal measures and/or settle any claim which is deemed reasonable without any further notice to me. I further undertake to give all such information and assistance as CGI may require.

I agree to provide 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 _____