

Claim Form

Loss by Fire & Special Perils

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

Loss or Damage

Date

Time

Location

Cause of Damage

When and by whom was the damage detected

State the circumstances under which the damage occurred

State the address of the Police Authority as well as the name of the police officer responsible for investigating the case.

Police Authority

Police Body

Did such a similar or other damage happen to your insured property or other property?

YES ☐ / NO ☐

If yes, please provide details

Have there been other collateral for the same property on the day of the damage?

YES ☐ / NO ☐

If yes, please provide details

Insured Property

Value of the insured property at the time of damage

Have the premiums been paid?

YES ☐ / NO ☐

YES ☐ / NO ☐

Have any modifications or changes been made to the insured property after it was insured?

YES ☐ / NO ☐

Has the Company been notified accordingly?

YES ☐ / NO ☐

Is the insured property mortgaged?

YES ☐ / NO ☐

If so, give the name of the mortgagee

Claim Details	
Claim ID	CLM-2024-001
Policy Number	POL-123456789
Insured Name	John Doe
Insured Address	123 Main St, New York, NY 10001
Claim Date	2024-01-15
Claim Amount	\$50,000.00
Claim Description	Auto accident on 01/10/2024, resulting in property damage and medical expenses.
Adjuster Name	Jane Smith
Adjuster Phone	(212) 555-1234
Adjuster Email	jane.smith@insurance.com
Status	Pending Review
Next Steps	Complete documentation review and schedule inspection.

[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 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 _____