Commercial General Insurance Ltd
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Claim Form
Motor 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

ID Number Date of Birth

Occupation

Home Address

Home Tel. Number

Work Address

Work Tel. Number

The Driver

All questions should be answered irrespective of whether the insured person was driving or not -

Name

ID Number Date of Birth

Occupation

Address

Home Tel. No. Work Tel. No.

Is the driver employed by you? ☐YES / ☐NO. Was the vehicle driven with your consent? ☐YES / ☐NO.

Has the Insurance Company ever refused to provide insurance coverage or continued insurance? ☐YES / ☐NO.

Has the driver another vehicle? ☐YES / ☐NO. If yes, please provide details:

Name and address of insurer

Policy No. Vehicle Registration No.

Type and number of driver's license:

Date of obtaining a regular driver's license:

The Vehicle Please attach a copy of the registration certificate

Make and Model

Registration No.

Year of Construction

Cubic Capacity

How many passengers were traveling in the vehicle;

Vehicle Value

Name and Address of Owner

If the vehicle has been purchased under a hire purchase agreement, please state the name of the Financing Organization:

Clearly stated the purpose for which the vehicle was used:

Additional questions for commercial vehicles only.

Number of Trailers

Was merchandise present?

If yes give a) Description b) Owner

Load weight a) On the Vehicle b) On the Trailer

Additional question for motorcycles only.

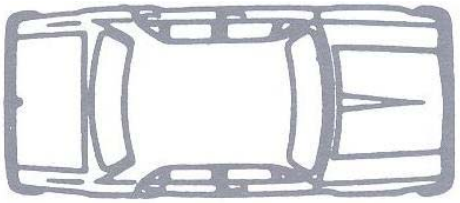
Were their passengers in the rear seat? ☐YES / ☐NO

Damage to the Insured Vehicle

What damages have been caused to the insured vehicle

Name, address and workshop phone number

Show with an arrow the collision and with a cross the extent of the damage to the vehicle diagram.



Is the vehicle in the repair shop? ☐YES / ☐NO

If not when will it be transported there for repairs?

The Accident

Date Time Place

Weather Visibility Meters

Which lights were on?

Speed a) before the accident b) at the time of the accident

Distance from sidewalk

Detailed description of the accident

Rough layout of the accident. Show a) name and width of road
b) traces of vehicle brakes

Names and Addresses of All

a) Passengers of the insured vehicle

b) Passenger of third-party vehicles

c) Independent witnesses

Was the police notified regarding the accident? ☐YES / ☐NO If yes state

a) Police Station b) Name and Number of Police Officer

Damage to Third Party Vehicles

Owner's Name | Registration No.

Drivers Name

Address | Tel. Number

ID Number

Insurance Company and Policy No.

Damage Description

Owner's Name | Registration No.

Drivers Name

Address | Tel. Number

ID Number

Insurance Company and Policy No.

Damage Description

Damage to Other Property (Except the Vehicles)

Name and Address of Owner

Loss Details:

Injuries

Name and Address (Indicate whether a driver or passenger or pedestrian)	Age	Obvious Traumas	Doctors Details – Hospital

In the case of a passenger's injury: was he wearing a seat belt? ☐YES / ☐NO

Any documents sent to you regarding the accident should not be answered but sent to the Company as soon as possible.

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 _____

THE ACCEPTANCE OF THE ACCIDENT DECLARATION BY THE COMPANY DOES NOT INDICATE LIABILITY BY THE INSURER

COMMERCIAL GENERAL INSURANCE LTD