

Claim Form



Motor Vehicle

(Theft)

Please answer all questions fully and submit Form Without delay

Surname :		Maiden Name :	
First Names :			
Title : Mr/Mrs/Ms/Dr Other :		Sex: Male/Female	Marital Status :
Address :			
Email Address :			
Tel No Res :		Off :	Mob :
Date of Birth :		National Identity Card :	
Vehicle Registration No. :		Engine Rating :	cc
Make :		Model :	
Is there any financial lien on Insured Vehicle ?			
User's Name :			
Address :			
Email Address :		Tel No Res :	Off : Mob :
Had user the permission to drive Insured Vehicle ?			(Yes / No)
Date of theft :		Time :	
Place :			
For what purpose was the Vehicle being used at the time of the Theft ?			
Particulars of independent witnesses to the Theft (Name & Address & Tel No.)			
At which police station was Theft reported ?			
Full description of the Theft :			

PS: May we remind you that, according to the conditions of your insurance, you must hand over to us all documents that may come into your possession concerning this claim.

Data Protection

Cim Insurance Limited is registered as Data Controller under the Data Protection Act 2004 (Act). In the performance of its business, all the personal data collected and processed (including the sensitive data) will be treated in strictest confidence. We will use our best efforts to ensure that data is accurate, complete, current and reliable for its intended use.

Supply of information in the form is mandatory. To this end, the use of personal information may include sharing the information with other persons or bodies, such as our intermediaries, other insurance companies, surveyors, investigative agents, reinsurers, actuaries, regulatory institutions, fraud and money laundering investigating institutions, whether in Mauritius or another country

The personal data provided may be used for data sharing by Cim Insurance Limited with other Cim Group companies to advise of, offer and supply other goods and services, for other marketing purposes in a way that is compatible with Data Protection and Privacy Policy (Privacy Policy). It will not however, be presented to a third party (unless otherwise stated in the form or required by law) without your specific authorisation to do so. This exercise excludes the sensitive data.

By signing the form, you are agreeing that your personal data may be processed in the manner hereinabove described. If at any time subsequent changes occur to your personal data or you have any enquiry relating to our Privacy Policy, you can send them in writing to our Compliance Manager.

I/We hereby declare that the above statements and facts are true and correct and that I/We have not withheld from the Company any information within my/our knowledge connected with the accident. I/We realise that concealment or non-disclosure of any information may render this claim null and void.

Date :..... Signature of Owner/Driver :.....