

### ➤ 3 - 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.

### ➤ 4 - Declaration and Authorisation

I/We declare that the above information is true and complete to the best of my/our knowledge and belief and I/we have not withheld any material information connected with this claim. I/We understand that the Company can request for more information. I/We also have read and understand the Personal Information Collection Statement below.

I/We hereby authorise any authorities or organisation that has any records or knowledge of me/us or my/our property loss, to furnish to Cim Insurance Limited or its authorised representative, any and all information with respect to my/our report of property loss for the purpose of assessment of my/our present claim. A photostat copy of this authorisation shall be considered as effective and valid as the original.

Date : ..... Signature of Insured/Responsible Party : .....

# Claim Form

## Personal Accident / Employers Liability Insurance



According to Policy Conditions, this form should be fully completed and signed, and the available original medical bills, receipts, doctor's prescription, sick leave certificates and doctor's referral letter be submitted, to avoid delay in claim process.

If the Insured is unable to write on account of disablement, this form should be filled up and signed by a close relative or other responsible person in charge of the Insured for the time being. By furnishing this form the Company makes no admission of liability.

### ➤ 1 - Insured's Information

Name of Company/Insured :

Responsible/Contact Person : Occupation/Position :

Address

Email Address :

Tel No Res : Off : Mob :

Name of Injured Person : Relationship with the insured :

(if not the insured) Occupation :

Date of Birth : National Identity Card :

Email Address : Tel No Res : Off : Mob :

### ➤ 2 - Particulars of Accident

Date : Time : a.m/p.m Place :

Describe exactly how the accident occurred :

Did the accident occur during the person's working hours ?  Yes  No

(If Yes, please provide NPS injury form)

Region of Injury :		Nature of Injury	
Hand <input type="checkbox"/>	Leg <input type="checkbox"/>	Sprain <input type="checkbox"/>	Fracture <input type="checkbox"/>
Head <input type="checkbox"/>	Eye <input type="checkbox"/>	Contusion <input type="checkbox"/>	Laceration <input type="checkbox"/>
Others <input type="checkbox"/>		Others <input type="checkbox"/>	
..... (please specify)		..... (please specify)	

Whether fully recovered ?  Yes  No                      If yes, give date :

Was the accident due to negligence on the part of any Third Party and/or Employer ?  
If so, please give name(s) and explain :

Please give names and addresses of any witness to the accident :

Whether the accident was reported to any Authority ?  Yes  No  
If Yes, give details :

Where was he/she taken after the accident ?

Where is he/she now ?

Name and address of Doctor in attendance :

Wages of injured person  
a) MUR.....per day/week/month  
b) MUR.....during the last twelve months preceding the date of the accident

Estimated Amount of claim MUR :

**MAIN CLAIM PROCEDURES**

**Personal Accident :**

- On the happening of any occurrence likely to give rise to a claim, the insured or his legal representatives shall
  - Under pain of avoidance ('déchéance') :
    - Notify the company within 5 days of the occurrence (I F THE INSURED SHALL DIE NOTICE OF DEATH SHALL BE GIVEN IMMEDIATELY). And within 15 days submit in writing full particulars of the occurrence
    - at his expenses furnish to the company such documents information and evidence as the Company may reasonable require

**Employers Liability :**

- On the happening of any injury or damage or of any occurrence likely to give rise to a claim the insured shall under pain of avoidance ('déchéance') :
  - Immediately notify the company
  - Within 15 days submit in writing full particulars of the occurrence
  - Inform the company of any communication claim or notification to appear in Court and shall not negotiate admit or repudiate any claim by any person or body.
- No admission offer promise or payment shall be made by or on behalf of the insured without the written consent of the Company which shall be entitled if it so desires to take over and conduct in his name the defense or settlement of any claim or to prosecute in his name for its own benefit any claim for indemnity or damages or otherwise and shall have full discretion in the conduct of any proceeding and in the settlement of any claim and the insured shall give all such information and assistance as the Company may require

**Personal Information Collection Statement :**  
The information you provide to us is collected to enable us and any of our affiliated companies to carry on business and may be used for the purpose of :

- any claims or investigation or analysis of such claims ;
- exercising any right of subrogation, if applicable