



## CycleCARE Claim Form

### Instructions in case of an insured event:

- ◆ Please complete in full all relevant questions in this Claim Form,
- ◆ If an additional page needs to be used, make sure it is signed or stamped separately from you,
- ◆ Provide all necessary documents to substantiate your claim

**The supply or acceptance of this form is not an admission of liability on the part of the Company**

### FOR INTERNAL USE ONLY

Claim Number:	Policy Number:
	Intermediary:

### HEAD OFFICE

46 Griva Digheni Ave, 1080 Nicosia  
P.O. Box 21770, 1513 Nicosia  
☎ +357 22796000 📠 +357 22022000

### Policy & Policyholder's information

Policy number:

Name and Surname:

Address:

Contact Telephone No:

Identity Card / Passport No.:

Date of Birth:

### Cycle information

Make:

Model :

Serial Number:

Current Value:

Address where the bicycle is kept:

### Details of Accident

Date of accident:

Time of Accident:

Place of accident:

Describe in detail how the accident occurred:

Name of Witnesses:

Name:

Tel.:

Name:

Tel.:

Name:

Tel.:

Name of Injured person or persons:

Name:

Tel.:

Name:

Tel.:

Name:

Tel.:

Name and address of Doctor or Clinic who attended you or other injured person or persons:

Have you or other injured person been hospitalized?

Yes

No

If YES

From:

Until:

Hospital name:

### Damaged parts of the insured Cycle

Describe in detail:

Name and address of garage where the Cycle was taken to:

Estimated Cost of:

1. Cycle damages
2. Injuries

Please attach relevant photos and relevant documents (quotation of Cycle damages, medical expenses if applicable etc)

**Declaration**

I hereby certify that this claim submission does not contain any false, misleading or incomplete information. If a claim is wholly or partially fraudulent or intentionally exaggerated or if fraudulent, means/ devices have been used we will not pay any benefits in relation to that claim. In addition, the amount of any claim settlement made prior to the discovery of the fraudulent act or omission will become immediately repayable. A fraudulent claim may result in a criminal prosecution.

**PRIVACY INFORMATION**

In order to manage a claim, we and/or our associates may need to process categories of personal data which have additional protection under provisions of the Law 125(I) 2018. The personal data will be used only for the purposes for which it was collected. The personal data will be stored in Cosmos Insurance databases and also in the database of its associates who assist in claims handling (Third Party Claims Administration). The data will always be processed in accordance with Cosmos’s privacy policy, available online at <https://cosmosinsurance.com.cy/privacy-policy/>.

If you require any further information please contact Data Protection Officer by emailing [DPO@cosmosinsurance.com.cy](mailto:DPO@cosmosinsurance.com.cy) or writing to the Data Protection Officer, Cosmos Tower, 46 Griva Digeni Avenue, 1080 Nicosia, Cyprus.

Please indicate your consent by ticking the box:

I expressly consent to Cosmos Insurance processing categories of personal data which have additional protection under data protection law, such as medical records and other medical information. I may withdraw my consent at any time. However, if my consent is withdrawn, this may impact the Company’s ability to provide insurance or pay claims.

Signature:	Full Name:	Date:
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