CGINSURANC			
R	oad User		
TO BE USED FOR A	L MOTOR VEHICLE ACCIDENTS		
PART 1 DETAILS OF POLICYHOLDER			
Full Name of Insured			
Policy No			
Street Address			
Mailing Address			
E-mail Address	Cellular Telephone		
Work Telephone	Home Telephone		
Please provide the following details along with a colou	r photocopy of your driver's licence:		
Licence Number Licence Class Issue Date (do	l/mm/yy) Expiry Date (dd/mm/yy) Date	of Birth (dd/	mm/yy) Age
		()	
PART 2 DETAILS OF DRIVER / RIDER AT THE	TIME OF THE ACCIDENT		
Full Name			
Street Address			
Mailing Address			
E-mail Address	Date of Birth (dd/mm/yy)		Age
Work Telephone	Home Telephone		
Cellular Telephone	Are you the owner of the vehicle?	P 🗆 Yes	🗆 No
If No, what is your relationship with the owner?			
Under what circumstances did you obtain the vehicle?			
Were you sober at the time of the Accident?		Yes	□ No
Do you hold a valid BVI Drivers Licence?		Yes	□ No
If Yes, please provide the following details along with a	a colour photocopy of your driver's lice	nce:	
Licence Number Licence Class Issue Date (do	l/mm/yy) Expiry Date (dd/mm/yy) Date	of Birth (dd/	mm/yy) Age
Have you committed any traffic offences in the last fiv	e vears?	Yes	□ No
If Yes, please provide details			
Have you had any motor accidents in the last five year		Yes	□ No
If Yes, please provide details:			
Have you filed a motor vehicle claim with Coralisle Insu years?			n the last five

CGINSURANCE		CCIDENT CLAIM FORM
Road U	ser	
PART 3 DETAILS OF THE ACCIDENT Date of accident (dd/mm/yy):	Time of accident	am / pm
Place of accident:	Estimated speed of your ve	ehicle: kph
Description of damage to your vehicle:		

NB: please provide an estimate for the repairs to your vehicle.

Were there any other vehicles involved in the accident? Ves No If Yes, please provide the following details:

	Vehicle 1	Vehicle 2	Vehicle 3
Owner Name			
Owner Address			
Phone No.			
E-mail			
Driver Name			
Driver Address			
Phone No.			
E-mail			
Insurance Co.			
Make, Colour, Licence No.			
Damage Description			

Were there any persons injured in the accident?
Yes No If Yes, please provide the following details:

	Person 1	Person 2
Name		
Address		
Date of Birth (d/m/y)		
Phone No.		
E-mail		
Nature of Injury		

Did you cause any damage to public or private property?
Yes No If Yes, please provide the following details:

Owner Name	Address	Phone No.	E-mail
Nature of Damage			

	SURANCE	CLAIM NO	ACCIDENT CLAIM FOI
	Road User		
DETAILS OF	ACCIDENT (cont'd)		
	nce? 🛛 Yes 🗆 No 🛛 If Yes, please provide	the following details	
Officer's Name	Badge No.		Division
	being charged with any traffic offences as a		ent? 🗆 Yes 🗆 No
	; in the vehicle □ Yes □ No If Yes, plea		:
/ere there any witnesses c Yes, please provide the fc	other than the person(s) involved in the accident	dent? 🗆 Yes 🗆 N	0
Name	Address	License No.	Tel. No./Email Address
o you consider yourself to	o be at fault? 🗖 Yes 🗖 No 🛛 If No, provide	e details of the party	responsible:
Name and Address	Telephone/Cell No.	License No.	Insurance Company
ART 4 OTHER INTE	RESTS		
the insured vehicle is t	he subject of a loan, please provide the	name of the Lenc	ler and Loan Officer:
	ESCRIPTION OF HOW THE ACCIDENT O	CCURRED	
ART 5 DETAILED D			
ART 5 DETAILED D			
ART 5 DETAILED D			
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ACCIDENT CLAIM FORM

CLAIM NO.

Road User

PART 6 EXPLANATORY SKETCH OF THE ACCIDENT SITE

PART 7 DECLARATION BY THE CLAIMANT

I/We declare that the above statements and particulars are complete and correct, and no material fact has been misrepresented, misstated or withheld. I/We hereby agree to immediately declare any additional details or any subsequent change in circumstances that may affect the accuracy of the information. If this form has been completed by anyone else, that person is my/our agent for that purpose and not the agent of Coralisle. (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)

NB: Both the Driver and the Owner of the Insured vehicle must sign below.

Driver's Name	Driver's Signature	Date	
Owner's Name	Owner's Signature	Date	

Coralisle Insurance (BVI) Ltd. Palm Grove House, Road Town, Tortola, British Virgin Islands

PO Box 2377, Road Town, Tortola VG1110, British Virgin Islands | Tel 284 494 8450 | Fax 284 494 8559 | www.CGCoralisle.com

Personal and Business Insurance, Health Insurance and Employee Benefits, Life Assurance

INSURANCE | HEALTH | PENSIONS | LIFE

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