CG [®] INSURA	NCE			Claim N		THEFT REPOR
	Roa	d User				
PART 1 DETAILS OF POLICYHOLDER						
Full Name of Insured						
Policy No						
Residential Address						
Mailing Address						
E-mail Address	ail Address Cellular Telephone					
Work Telephone		Home Telep	hone			
Do you hold a valid BVI Drivers Licence?					🗖 Yes	🗖 No
If Yes, please provide the following details alor	ig with a colo	ur photocopy	of your driver's l	icence:		
Licence Number Licence Class	Issue Dat	e (dd/mm/yy)	Expiry Date (dd/r	nm/yy)	Date of B	irth (dd/mm/yy)
PART 2 DETAILS OF DRIVER/RIDER A	T THE TIME	OF THE ACC	IDENT			
Full Name						
Street Address						
Mailing Address						
E-mail Address		Date of Birt	h (dd/mm/yy)			
		Home Telephone				
ellular Telephone						
If No, what is your relationship with the owner						
Under what circumstances did you obtain the						
Do you hold a valid BVI Drivers Licence?					Yes	🗖 No
If Yes, please provide the following details alor	ia wth a colou	ır photocopy	of vour driver's li			
Licence Number Licence Class			Expiry Date (dd/r		Dato of B	irth (dd/mm/au)
	Issue Dat	e (dd/mm/yy)		птт/уу)		irtii (dd/mm/yy)
PART 3 DETAILS OF VEHICLE	I					
Make	Model			Colour		
Registration No						
Marks or other special features to help establis						
	in identity of t					
PART 4 DETAILS OF THEFT	Data (dd/m	man		Timo ar	n/nm	
Was the motor cycle steering locked?	_ Date (dd/mm/yy) Time am/pm □ Yes Did you use any other lock (e.g., Kryptonite lock)? □ No □ N					
	□ Yes Please provide all available keys. □ Keys attached					
Have you had a vehicle stolen before?						
When and where was the vehicle last seen by						

CG	JRANCE	MOTOR THEFT REPORT Claim No				
Road User						
State fully what happened						
Do your suspicions rest on anyon	e? 🗆 No. 🗖 Yes If Yes on whom?					
	e police? Yes No If No, you will nee					
Incident No	Date Reported (dd/mm/yy)	Time Reported am/pm				
Were Police advised that the cycl	e was data tagged? 🛛 No 🛛 Yes					
NB: In the event that the vehicle i to secure the vehicle, we reserve reserve the right to require reimb	the right to either decline the claims payme	roven that no attempt was made on your part ent or, if a payment has already been made, we				
PART 5 DETAILS OF REC	OVERED VEHICLE (if relevant)					
Date Found (dd/mm/yy)	Location					
Particulars of damage						
Where is the vehicle located?						
Repairer's name						
Repairer's Tel. No	Repairer's Email					
NB: In all cases where your vehic repairs immediately. PART 6 OTHER INTEREST		n under the Policy, please send an estimate for				
	an, state name of Lender and Loan Officer					
PART 7 DECLARATION B	Y THE CLAIMANT					
misrepresented, misstated or with subsequent change in circumstar understanding that if this vehicle vehicle, Coralisle Insurance reserv made, I/we may be required to re is my/our agent for that purpose	es the right to decline the claims payment	leclare any additional details or any ormation. I/We further declare my/our o reasonable attempt was made to secure the or, in the event a payment has already been as been completed by anyone else, that person e not personally completed the answers to				
NB: Both the Driver and the Own	er of the Insured vehicle must sign below.					
Owner's Name	Owner's Signature	Date				
		Date				
	n document and the keys to the stolen veh					
PO Box 2377, Road Town, Tortola VG	Grove House, Road Town, Tortola, British Virgin I 1110, British Virgin Islands Tel 284 494 8450 Fa: lealth Insurance and Employee Benefits, Life / IS LIFE	x 284 494 8559 www.CGCoralisle.com				