

TRAVEL INSURANCE CLAIM	FORM
CLAIM NO	

Travel Sure

Residential Address Mailing Address Cocupation Email Address Cocupation Email Address Cocupation Email Address Cellular Telephone Home Telephone Work Telephone PART 2 DETAILS OF LOSS/DAMAGE Date of Departure (dd/mm/yy) Date of Return (dd/mm/yy) Description of Loss Description of Damaged Item Age of Item Item Price Paid Cost of Repair Replacement Cost (if not repairable) Itinerary attached? Replacement Cost (if not repairable) PART 3 DECLARATION BY THE CLAIMANT I/We declare that the above statements and particulars are complete and correct to the best of my/our knowledge, 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 alyone else, that person is my/our segent for that purpose and not the agent of Coralise (if you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.) Policyholder Name Policyholder Signature Date Coraliste Insurance (BVI) Ltd. Palm Grove House, Road Town, Tortola, British Virgin Islands	PART 1 DETAILS OF POLICYHOLDER	R						
Mailing Address	Full Name of Insured				Policy No			
Cellular Telephone	Residential Address							
Cellular Telephone	Mailing Address							
Work Telephone								
Date of Departure (dd/mm/yy)	Email Address			Cellular Telephone				
Date of Departure (dd/mm/yy) Description of Loss Description of Damaged Item Age of Item Age of Item Age of Item Age of Cost of Repair Cost of Repair Cost of Repair Replacement Cost (if not repairable) Itinerary attached? Estimated Yes Pending Estimate(s) attached? Yes Pending Airline cancellation/credit policy attached? Yes Pending Part 3 DECLARATION BY THE CLAIMANT I/We declare that the above statements and particulars are complete and correct to the best of my/our knowledge, 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.) Policyholder Name Policyholder Signature Date Coralisle Insurance (BVI) Ltd. Palm Grove House, Road Town, Tortola, British Virgin Islands								
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Itinerary attached?	Description of Damaged Item			Age of	Price Paid		Replacement Cost	
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PO Box 2377. Road Town, Tortola VG1110. British Virgin Islands Tel 284 494 8450 Fax 284 494 8559 www.CGCoralisle.com						4 8559 www.cc	Coralisle com	
Personal and Business Insurance, Health Insurance and Employee Benefits, Life Assurance		9					COLUMNIC.COLLI	
INSURANCE HEALTH PENSIONS LIFE A member of Coralisle Group Ltd. Rev. 08-20			-				D 00 00	