



Road User

PART 1 DETAILS OF POLICYHOLDER

Insured Name: First _____ Middle _____ Last _____

Policy No. _____

Residential Address: No./Street Name _____

Address Line 2 _____

Town/Parish/Island _____ Post Code _____ Country **BVI**

Mailing Address _____

Town/Parish/Island _____ Post Code _____ Country _____

E-mail Address _____ Cellular Telephone _____

Work Telephone _____ Home Telephone _____

Do you hold a valid BVI Drivers Licence? Yes No

If Yes, please provide the following details along with a colour photocopy of your driver's licence:

Licence Number	Licence Class	Issue Date (dd/mm/yy)	Expiry Date (dd/mm/yy)	Date of Birth (dd/mm/yy)

PART 2 DETAILS OF DRIVER/RIDER AT THE TIME OF THE ACCIDENT

Driver Name: First _____ Middle _____ Last _____

Residential Address: No./Street Name _____

Address Line 2 _____

Town/Parish/Island _____ Post Code _____ Country **BVI**

Mailing Address _____

Town/Parish/Island _____ Post Code _____ Country _____

E-mail Address _____ Cellular Telephone _____

Work Telephone _____ Home Telephone _____

Are you the owner of the vehicle? Yes No

If No, what is your relationship with the owner? _____

Under what circumstances did you obtain the vehicle? _____

Do you hold a valid BVI Drivers Licence? Yes No If Yes, please provide a colour photocopy and the following

Licence Number	Licence Class	Issue Date (dd/mm/yy)	Expiry Date (dd/mm/yy)	Date of Birth (dd/mm/yy)

PART 3 DETAILS OF VEHICLE

Make _____ Model _____ Colour _____

Registration No. _____ Chassis No. _____ Engine No. _____

Marks or other special features to help establish identity of the vehicle _____

PART 4 DETAILS OF THEFT

Place _____ Date (dd/mm/yy) _____ Time _____

Was the motor cycle steering locked? No Yes Did you use any other lock (e.g., Kryptonite lock)? No YesWere your vehicle doors locked? No Yes Please provide all available keys. Keys attachedHave you had a vehicle stolen before? No Yes If Yes, provide details:

Road User

When and where was the vehicle last seen by a) you? _____
b) the driver? _____

State fully what happened _____

Do your suspicions rest on anyone? No Yes If Yes, on whom? _____

Has the theft been reported to the police? Yes No If No, you will need to report it immediately and provide the incident number below.

Incident No. _____ Date Reported (dd/mm/yy) _____ Time Reported _____

Were Police advised that the cycle was data tagged? No Yes

NB: In the event that the vehicle is subsequently recovered, and if it can be proven that no attempt was made on your part to secure the vehicle, we reserve the right to either decline the claims payment or, if a payment has already been made, we reserve the right to require reimbursement from yourself.

PART 5 DETAILS OF RECOVERED 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 vehicle is damaged and you are entitled to claim under the Policy, please send an estimate for repairs immediately.

PART 6 OTHER INTERESTS

If the vehicle is the subject of a loan, state name of Lender and Loan Officer:

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. I/We further declare my/our understanding that if this vehicle is recovered, and if it can be proven that no reasonable attempt was made to secure the vehicle, Coralisle Insurance reserves the right to decline the claims payment or, in the event a payment has already been made, I/we may be required to reimburse Coralisle Insurance. 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.

Owner's Name _____ Owner's Signature _____ Date _____

Driver's Name _____ Driver's Signature _____ Date _____

NB: Please submit the registration document and the keys to the stolen vehicle along with this form.

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