CGINS	SURANC	E	Claim No.	PERSONAL INJUR QUESTIONNAIR
	Rc	oad User		
PART 1 DETAILS OF 0			_Date of Birth:	
Home Address:				
	(W):			
Email Address:			_Vehicle License	e No.:
Which form of communication	-			
PART 2 DETAILS OF I				
Place of Incident:			_Date of Incider	nt:
Description of Injury:				de etvie e 2
Were you:	☐ the Driver? ☐ the Bicyclist?	<ul> <li>the Passenger?</li> <li>wearing a Seat Belt?</li> </ul>	Li the Pe	destrian?
Please check the box(es) tha		Head Injury	Broken Bones	
Bruising	Back Injury	Loss of Consciousness		
□ Lacerations	□ Scarring	Headaches	□ Other_	
Treatment since Accident:	□ Ambulance	Emergency Room	🗆 Hospit	al Admission
□ Surgery	Medical Doctor	Physical Therapy	🗆 Massag	ge Therapy
□ Future Surgery	□ Chiropractor	□ Acupuncture		
Details of Medical Treatment				
Prior Accident(s):				
Other Medical Conditions:				
Family Doctor:				
Address:				
Surgeon:				
Address:				
Have you consulted an Attor				
Contact Person:				).:

CGINSURANCE	PERSONAL INJURY QUESTIONNAIRE Claim No.
Road U	
PART 3 EMPLOYMENT INFORMATION	
Current Employer:	Phone No.:
Employer Address:	
Supervisor's Name:	
Title/Position:Sa	
Description of Duties:	
Has Accident caused you to lose time from work?:	No
Please attach copies of your last pay slip(s) or salary verificatio	n if requesting payment of wages. 🛛 Attached
PART 4 PROPERTY DAMAGE INFORMATION	
Was there Damage to Personal Property?:	If Yes, please list age and or value below.
Description of Property Age and/or Value	
□ Helmet	
Clothing	
Cell Phone	
Jewelry	
Electronic Equipment	
□	
□	
□	
PART 7 DECLARATION BY THE CLAIMANT	
I/We declare that the above statements and particulars are co and no material fact has been misrepresented, misstated or wi any additional details or any subsequent change in circumstan If this form has been completed by anyone else, that person is Coralisle. (If you have not personally completed the answers to before signing this declaration.)	thheld. I/We hereby agree to immediately declare ces that may affect the accuracy of the information. my/our agent for that purpose and not the agent of
Signature of Person Injured	Date
<b>Coralisle Insurance (BVI) Ltd.</b> Palm Grove House, Road Town, Tortola, PO Box 2377, Road Town, Tortola VG1110, British Virgin Islands   Tel 284 4 Personal and Business Insurance, Health Insurance and Employee B INSURANCE   HEALTH   PENSIONS   LIFE	44 8450   www.CGCoralisle.com
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