

Travel Sure

PART 1 DETAILS OF POLICYHOLDER

Full Name of Insured _____ Policy No. _____
 Residential Address _____
 Mailing Address _____
 Occupation _____
 Email Address _____ Cellular Telephone _____
 Work Telephone _____ Home 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	Price Paid	Estimated Cost of Repair	Replacement Cost (if not repairable)

Itinerary attached? 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 _____
 Policyholder Name _____ Policyholder 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 284 444 8450 | www.CGCoralisle.com

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

INSURANCE | HEALTH | PENSIONS | LIFE

A member of Coralisle Group Ltd.