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Road User

PART 1 DETAILS OF POLICYHOLDE		R VEHICLE ACCIDENTS		
Insured Name: First		La	st	
Policy No.				
Street Address: No./Street Name				
Address Line 2				
Town/Parish/Island				Virgin Islands
Mailing Address				
Town/Parish/Island			Country	
E-mail Address	Cell	ular Telephone		
Work Telephone	Hon	ne Telephone		
Please provide the following details along v	vith a colour photoco	opy of your driver's licer	ice:	
Licence Number Licence Class Is	sue Date (dd/mm/yy)	Expiry Date (dd/mm/yy)	Date of Birth (dd/	mm/yy) Age
PART 2 DETAILS OF DRIVER / RIDE	R AT THE TIME OF	THE ACCIDENT		
Driver Name: First	Middle	Las	t	
Street Address: No./Street Name				
Address Line 2				
Town/Parish/Island			Country British	Nirgin Islands
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 own	ner?			
Under what circumstances did you obtain t	he vehicle?			
Were you sober at the time of the Accident	?		☐ Yes	□ No
Do you hold a valid BVI Drivers Licence?			☐ Yes	□ No
If Yes, please provide a colour photocopy and	d the following detail	s:		
Licence Number Licence Class Is	sue Date (dd/mm/yy)	Expiry Date (dd/mm/yy)	Date of Birth (dd/	mm/yy) Age
Have you committed any traffic offences in			☐ Yes	□ No
If Yes, please provide details				
Have you had any motor accidents in the la	est five years?		□ Vos	□ No
If Yes, please provide details	=		☐ Yes	□ NO
Have you filed a motor vehicle claim with C	oralisle or any other	insurance company in th	ne last five years?	☐ Yes ☐ No
If Yes, please provide details		• •	_	



ACCIDENT CLAIM FORM

PART 3	DETAILS OF THE A	ACCIDENT				
Date of accid	dent (DD/MM/YY):	Tin	ne of accident	Estimate	d speed of your vehi	clekph
Place of acci	ident					
Doscription	of damage to your ve					
Description	or damage to your ve					
	rovide an estimate fo					
	any other vehicles inv		ent?		☐ Yes	□ No
If Yes, please	e provide the followin	ıg details:				
		hicle 1	Vehic	cle 2	Vehicle :	3
Owner Name	e					
Owner Addr	ress					
Phone No.						
E-mail						
Driver Name	<u> </u>					
Driver Addre	ess					
Phone No.						
E-mail						
Insurance Co	D.					
Make, Model						
Calaum						
Colour Licence No.						
Damage Description						
Were there a	any persons injured ir	the accident? \Box	Yes □ No If Ye	es, please provide	e the following detail	ls:
		Person 1			Person 2	
Name						
Address	_					
	_					
Date of Birth	1 (d/m/y)					
Phone No.						
E-mail						
Nature of Inj	jury					
	_					
Dial		alia an anicete e		Na 16 W 1	an muantiala Hara Call	ilia ar al a t = il = :
	se any damage to pul				se provide the follow	
Ow	ner Name	Addre	ess	Phone No.	E-mai	
Nature	e of Damage					



ACCIDENT CLAIM FORM

Were the police in attendance? If Yes, please provide the following the police in attendance?	na details:		□ Yes	□ No
Officer's Name	Badge No.	Div	vision	
Are you or any other party being	g charged with any traffic offences as a	result of this accident?	□ Yes	□No
If Yes, please provide details:	e vehicle □ Yes □ No If Yes, plea	se give their names:		
	e verifice in rest in rest, pied.			
Were there any witnesses other If Yes, please provide the follow	than the person(s) involved in the accid	dent?	□ Yes	□ No
Name	Address	Tel. No.	E-mail A	ddress
2.				
Do you consider yourself to be a lf No, provide the following deta			□ Yes	□No
Name	Address	Contact No. Licence	No. Insur	ance Company
PART 4 OTHER INTEREST	<u> </u>			
	ect of a loan, please provide the name c	of the Lender and Loan	Officer:	
PART 5 DETAILED DESCR	RIPTION OF HOW THE ACCIDENT OC	CCURRED		
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ACCIDENT CLAIM FORM

Road User

PART 6 EXPLANATORY SKETCH OF THE ACCIDENT SITE

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. 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.

Driver's Name	Driver's Signature	Date
Owner's Name	Owner's Signature	Date

Coralisle Insurance (BVI) Ltd. Romasco Place, Waterfront Drive, 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

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