

WIND	DSHIEL	.D REF	PORT

CLAIM NO.	

	OF POLICY/POLICYHOLD	ER		
Full Name of Insured			Policy	No
Residential Address				
Contact Nos. (Home)	(C	ell)	(Work)	
E-mail Address		Occupation		
Licence Number	Licence Class Iss	ue Date (DD/MM/YY)	Expiry Date (DD/MM/YY)	Date of Birth (DD/MM/YY)
PART 2 DETAILS O	OF DRIVER/RIDER AT TH	IE TIME OF THE A	CCIDENT ( as above)	
Full Name				
Street Address				
Mailing Address				
Contact Nos. (Home)	(C	ell)	(Work)	
E-mail Address				
Date of Birth (DD/MM/YY)_		Are you the	owner of the vehicle?	☐ Yes ☐ No
If Yes, please provide det	ails:			
If No, what is your relatio	nship with the owner?			
Under what circumstance	es did you obtain the vehic	cle?		
Licence Number	Licence Class Iss	ue Date (DD/MM/YY)	Expiry Date (DD/MM/YY)	Date of Birth (DD/MM/YY)
			1 3 7 7 7	
1				
PART 3 DETAILS O				
	DF VEHICLE/INCIDENT		Registration N	lo
Vehicle Make				lo
Vehicle Make Was there any unrepaired	Model	dent? 🗆 Yes 🗖 N	0	
Vehicle Make Was there any unrepaired Date of Incident	Model d damage prior to the inci	dent? 🗆 Yes 🔲 No	o of Incident	
Vehicle Make Was there any unrepaired Date of Incident	Model d damage prior to the inci	dent? 🗆 Yes 🔲 No	o of Incident	
Vehicle Make Was there any unrepaired Date of Incident	Model d damage prior to the inci	dent? 🗆 Yes 🔲 No	o of Incident	
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Vehicle Make	Model d damage prior to the inci	dent?	o of Incident	
Vehicle Make	Model damage prior to the inci	dent? Yes No	of Incidente	side the claim notification
Vehicle Make  Was there any unrepaired Date of Incident  Detailed Description of  PART 4  DECLARA  I/We hereby understand period. I certify that the a	Model d damage prior to the inci	dent? Yes Note Time ed by Driver):  s the right to declination given a	of Incident e any claim reported out	side the claim notification
Vehicle Make	Model d damage prior to the incident (to be complete TION BY THE CLAIMANT that the Company reserve bove statements and the	dent? Yes Note Time ed by Driver): s the right to decline information given a wner's Signature	of Incidente any claim reported out	side the claim notification knowledge and belief. 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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