



## 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  
PO Box 2377, Road Town, Tortola VG1110, British Virgin Islands | Tel 284 444 8450 | [www.CGCoralisle.com](http://www.CGCoralisle.com)

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

**INSURANCE | HEALTH | PENSIONS | LIFE**

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