

## 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.** Romasco Place, Waterfront Drive, Road Town, Tortola, British Virgin Islands  
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Personal and Business Insurance, Health Insurance and Employee Benefits, Life Assurance

**INSURANCE | HEALTH | PENSIONS | LIFE**

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