

## Road User

**NB:** You must inform Coralisle of all the facts likely to influence the acceptance and rating of your proposal. If you withhold information, any policy subsequently issued may be declared void. All questions must be answered.

### PART 1 DETAILS OF VEHICLE OWNER

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Work No. \_\_\_\_\_ Cellular No. \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Type of Insurance requested:  Comprehensive  Third Party  Third Party, Fire & Theft  
(Tick whichever is applicable)  Protected NCD Cover  
 Loss of Use Reimbursement for Insured for Damage to Own Car  
 Contingent Loss Damage Waiver Insurance for Damage to Hire Cars

### PART 2 DETAILS OF THE VEHICLE

Reg. Number	Year of Manufacture	Make and Model	Engine Type	Engine Capacity	Chassis No.	Price Paid
Date of Purchase	Details and Value of Modifications					Current Value (Est.)

Are you the owner of the vehicle?  Yes  No If No, provide details of the owner: \_\_\_\_\_

Are you the registered owner?  Yes  No If No, provide details of registered owner: \_\_\_\_\_

Is the vehicle subject to a loan?  Yes  No If Yes, at which Bank or Institution? \_\_\_\_\_

### PART 3 DETAILS OF YOUR PREVIOUS DRIVING EXPERIENCE

1. How long have you driven private cars? No. of years: \_\_\_\_\_

2. When did you first hold a BVI driver's licence? Date: \_\_\_\_\_

For the following questions please tick Yes or No. If Yes, please give details:

3. Have you been convicted of any traffic offences in the last 5 years?  Yes  No Include date, offence, and penalty for each conviction.

4. Have you received notice of intended prosecution for any traffic offence?  Yes  No  

5. Has any insurance company declined to insure you, required increased premiums or imposed any special conditions?  Yes  No

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6. Do you hold or have you held a motor policy with Coralisle or any other insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide name of insurer and policy number.
7. Are you entitled to a No Claims Discount? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please attach proof of bonus.
8. Do you suffer, or have you ever suffered from any physical illness or disability that affects Your ability to drive? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Have you had any motor accidents or claims in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Include date, circumstances and total paid to all parties.
10. Have you ever sustained a loss arising from fire damage to a motor vehicle and/or inundation of the sea? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Will you be the only regular driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, answer the following questions on additional drivers:
a) Have they been convicted of any traffic offences in the last five years, or is any such prosecution pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Have they had any motor accidents in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Have they ever been refused insurance cover? <input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Do they have, or have they ever suffered from, any physical illness or disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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**PART 4** DECLARATION

I/We wish to effect an insurance with Coralisle Insurance (BVI) Ltd. I/We declare that the above statements and particulars are complete and correct, and no material fact has been mis-represented, mis-stated or withheld. I/We agree that this proposal shall form the basis of the contract between me/us and Coralisle's usual form of policy for insurances of this nature. If this proposal has been written by anyone else, that person is my 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.

**Data Protection Declaration:**

By signing this form, I confirm/understand that:

- In order to administer the policy and plan Coralisle Insurance (BVI) Ltd. may process any and all of the personal data provided.
- I consent to Coralisle Insurance (BVI) Ltd. processing my personal data, in accordance with Coralisle Insurance (BVI) Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to Coralisle Insurance (BVI) Ltd. in respect of any third party, is done with that third party's consent and knowledge of Coralisle Insurance (BVI) Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by the Agent	Policy No.	Period of Insurance		Premium	Agent Name
		From:	To:	\$	