

Home Options

PART 1 DETAILS OF POLICY HOLDER

Full Name of Insured _____ Policy No. _____

Street Address _____

Mailing Address _____

Occupation _____

Email Address _____ Cellular Telephone _____

Work Telephone _____ Home Telephone _____

PART 2 DETAILS OF LOSS/DAMAGE

Date of Loss/Damage (DD/MM/YY) _____ Where did the Loss/Damage happen?

How did the Loss/Damage happen? (If theft from a building, include details of how entry was gained.) _____

If the Loss/Damage was caused by someone who is not a member of your household, e.g., tradesman, please supply their:

Name: _____

Address: _____

If the property was lost or stolen, were the Police notified? Yes No

If Yes, when (DD/MM/YY) _____ am/pm At which Police Station? _____

If Yes, please provide a copy of the Police Report. Report attached

If the theft was from the Insured Address, is the Property lent, let or sublet? Yes No

PART 3 PARTICULARS OF CLAIM - BUILDING DAMAGE

Estimated full cost of repair (i.e., the cost of putting the building into the same state as it was in immediately before the occurrence - No improvements may be included in such estimate.) \$ _____

If you have obtained estimates, please attach and send with this completed form. Estimate(s) attached

If you are still awaiting estimates, do not delay sending us this form.
Please tick box if estimate(s) are being obtained and are to be sent later. Estimates being sent

If you are not the owner of the building, state the name, address and contact numbers of the owner (other than Mortgagor)

Name _____ Tel.1 _____

Address _____ Tel.2 _____

Are you responsible for repairs because of the terms of the lease or other agreement? Yes No

If yes, please provide a copy of the lease or agreement. Copy attached

PART 4 PARTICULARS OF CLAIM - CONTENTS OR VALUABLES

If you have obtained estimates or have a previously obtained valuation, please attach and send with this completed form. Estimate(s) attached

If you are still awaiting estimates, do not delay sending us this form.
Please tick box if estimate(s) are being obtained and are to be sent later. Estimates pending

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Please complete all columns.

Description of Item	Age of Item	Price Paid	Estimated Cost of Repair	Replacement Cost (if not repairable)

Is the property owned by you or someone permanently residing with you? Yes No

If No, to whom does this property belong? _____

Is the property insured only by this Company? Yes No

If No, please provide the following details:

Insurer _____ Policy No. _____ Sum Insured \$ _____

PART 5 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.)

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.

Policyholder Name _____ Policyholder Signature _____ Date _____

Policyholder Name _____ Policyholder Signature _____ Date _____

Policyholder Name _____ Policyholder Signature _____ Date _____

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

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