

Road User

TO BE USED FOR ALL MOTOR VEHICLE ACCIDENTS

PART 1 DETAILS OF POLICYHOLDER

Insured Name: First _____ Middle _____ Last _____

Policy No. _____

Street Address: No./Street Name _____

Address Line 2 _____

Town/Parish/Island _____ Post Code _____ Country _____

Mailing Address _____

Town/Parish/Island _____ Post Code _____ Country _____

E-mail Address _____ Cellular Telephone _____

Work Telephone _____ Home Telephone _____

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)	Age

PART 2 DETAILS OF DRIVER / RIDER AT THE TIME OF THE ACCIDENT

Driver Name: First _____ Middle _____ Last _____

Street Address: No./Street Name _____

Address Line 2 _____

Town/Parish/Island _____ Post Code _____ Country _____

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? _____

 Were you sober at the time of the Accident? Yes No

 Do you hold a valid BVI Drivers Licence? Yes No

If Yes, please provide a colour photocopy and the following details:

Licence Number	Licence Class	Issue Date (dd/mm/yy)	Expiry Date (dd/mm/yy)	Date of Birth (dd/mm/yy)	Age

 Have you committed any traffic offences in the last five years? Yes No

If Yes, please provide details _____

 Have you had any motor accidents in the last five years? Yes No

If Yes, please provide details _____

 Have you filed a motor vehicle claim with Coralisle or any other insurance company in the last five years? Yes No

If Yes, please provide details _____

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PART 3 DETAILS OF THE ACCIDENT

Date of accident (DD/MM/YY): _____ Time of accident _____ Estimated speed of your vehicle _____ kph

Place of accident _____

Description of damage to your vehicle _____

NB: please provide an estimate for the repairs to your vehicle.

Were there any other vehicles involved in the accident? Yes No

If Yes, please provide the following details:

	Vehicle 1	Vehicle 2	Vehicle 3
Owner Name			
Owner Address			
Phone No.			
E-mail			
Driver Name			
Driver Address			
Phone No.			
E-mail			
Insurance Co.			
Make, Model			
Colour			
Licence No.			
Damage Description			

Were there any persons injured in the accident? Yes No If Yes, please provide the following details:

	Person 1	Person 2
Name		
Address		
Date of Birth (d/m/y)		
Phone No.		
E-mail		
Nature of Injury		

Did you cause any damage to public or private property? Yes No If Yes, please provide the following details:

Owner Name	Address	Phone No.	E-mail
Nature of Damage			

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PART 6 EXPLANATORY SKETCH OF THE ACCIDENT SITE

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. 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.

NB: Both the Driver and the Owner of the Insured vehicle must sign below.

Driver's Name _____ Driver's Signature _____ Date _____

Owner's Name _____ Owner's 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

A member of Coralisle Group Ltd.