CG | INSURANCE

PERSONAL INJURY
QUESTIONNAIRE

Claim No. _____

Road User

PART 1 DETAILS OF CLAIMANT

Name: _____ Date of Birth: _____

Home Address: _____

Contact No.: (H): _____ (W): _____ (C): _____

Email Address: _____ Vehicle License No.: _____

Which form of communication is the best to reach you on? ☐ Home Phone ☐ Work Phone ☐ Cell Phone ☐ Email

Alternate Contact Person: _____ Contact No.: _____

PART 2 DETAILS OF INJURY

Place of Incident: _____ Date of Incident: _____

Description of Injury:

Were you:
☐ the Driver? ☐ the Passenger? ☐ the Pedestrian?
☐ the Motorcyclist? ☐ the Bicyclist? ☐ wearing a Seat Belt?

Please check the box(es) that pertain to your Injuries:
☐ Head Injury ☐ Broken Bones
☐ Bruising ☐ Back Injury ☐ Loss of Consciousness ☐ Other _____
☐ Lacerations ☐ Scarring ☐ Headaches ☐ Other _____

Treatment since Accident:
☐ Ambulance ☐ Emergency Room ☐ Hospital Admission
☐ Surgery ☐ Medical Doctor ☐ Physical Therapy ☐ Massage Therapy
☐ Future Surgery ☐ Chiropractor ☐ Acupuncture

Details of Medical Treatment: _____

_____

_____

_____

Prior Accident(s): _____ Date(s) _____

Other Medical Conditions: _____

Family Doctor: _____ Contact No.: _____

Address: _____

Surgeon: _____ Contact No.: _____

Address: _____

Have you consulted an Attorney? ☐ Yes ☐ No If Yes, Name of Law Firm: _____

Contact Person: _____ Contact No.: _____

PART 3 EMPLOYMENT INFORMATION

Current Employer: _____ Phone No.: _____

Employer Address: _____

Supervisor's Name: _____ Phone No.: _____

Title/Position: _____ Salary $ _____ ☐ per week ☐ per month

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Claim No. _____

Road User

Description of Duties: _____

Has Accident caused you to lose time from work?: ☐ Yes ☐ No

Please attach copies of your last pay slip(s) or salary verification if requesting payment of wages. ☐ Attached

PART 4 PROPERTY DAMAGE INFORMATION

Was there Damage to Personal Property?: ☐ Yes ☐ No If Yes, please list age and or value below.

Description of Property	Age and/or Value
☐ Helmet	_____
☐ Clothing	_____
☐ Cell Phone	_____
☐ Jewelry	_____
☐ Electronic Equipment	_____
☐ _____	_____
☐ _____	_____
☐ _____	_____

PART 7 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.

Signature of Person Injured _____ Date _____