

Road User

PART 1 DETAILS OF POLICYHOLDER

Full Name of Insured _____
 Policy No. _____
 Residential Address _____
 Mailing Address _____
 E-mail Address _____ Cellular Telephone _____
 Work Telephone _____ Home Telephone _____
 Do you hold a valid Bermuda Drivers Licence? Yes No

If Yes, 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) |
|----------------|---------------|-----------------------|------------------------|--------------------------|
| | | | | |

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

Full Name _____
 Street Address _____
 Mailing Address _____
 E-mail Address _____ Date of Birth (DD/MM/YY) _____
 Work Telephone _____ Home Telephone _____
 Cellular 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? _____

Do you hold a valid Bermuda Drivers Licence? Yes No

If Yes, 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) |
|----------------|---------------|-----------------------|------------------------|--------------------------|
| | | | | |

PART 3 DETAILS OF VEHICLE

Make _____ Model _____ Colour _____
 Registration No. _____ Chassis No. _____ Engine No. _____
 Marks or other special features to help establish identity of the vehicle _____

PART 4 DETAILS OF THEFT

Place _____ Date (DD/MM/YY) _____ Time _____ am/pm

Was the motor cycle steering locked? No Yes Did you use any other lock (e.g., Kryptonite lock)? No Yes

Were your vehicle doors locked? No Yes Please provide all available keys. Keys attached

Have you had a vehicle stolen before? No Yes If Yes, provide details _____

When and where was the vehicle last seen by a) you? _____
 b) the driver? _____

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State fully what happened:

Do your suspicions rest on anyone? No Yes If Yes, on whom? _____

Has the theft been reported to the police? Yes No If No, you will need to report it immediately and provide the incident number below.

Incident No. _____ Date Reported (DD/MM/YY) _____ Time Reported _____ am/pm

Were Police advised that the cycle was datatagged? No Yes

NB: In the event that the vehicle is subsequently recovered, and if it can be proven that no attempt was made on your part to secure the vehicle, we reserve the right to either decline the claims payment or, if a payment has already been made, we reserve the right to require reimbursement from yourself.

PART 5 DETAILS OF RECOVERED VEHICLE (if relevant)

Date Found (DD/MM/YY) _____ Location _____

Particulars of damage _____

Where is the vehicle located? _____

Repairer's name _____

Repairer's Tel. No. _____ Repairer's Email _____

NB: In all cases where your vehicle is damaged and you are entitled to claim under the Policy, please send an estimate for repairs immediately.

PART 6 OTHER INTERESTS

If the vehicle is the subject of a loan, state name of Lender and Loan Officer _____

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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. I/We further declare my/our understanding that if this vehicle is recovered, and if it can be proven that no reasonable attempt was made to secure the vehicle, Coralisle Insurance reserves the right to decline the claims payment or, in the event a payment has already been made, I/we may be required to reimburse Coralisle Insurance. 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 Company Ltd. may process any and all of the personal data provided.
- I consent to Coralisle Insurance Company Ltd. processing my personal data, in accordance with Coralisle Insurance Company 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 Company Ltd. in respect of any third party, is done with that third party's consent and knowledge of Coralisle Insurance Company 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.

Owner's Name _____ Owner's Signature _____ Date _____

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

NB: Please submit the registration document and the keys to the stolen vehicle along with this form.