

Home Options

PART 1 DETAILS OF POLICY/POLICYHOLDER

Full Name of Insured _____ Policy No. _____

Residential Address _____

Mailing Address _____

Contact Nos. (Home) _____ (Cell) _____ (Work) _____

E-mail Address _____ Occupation _____

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 (as above)

Full Name _____

Street Address _____

Mailing Address _____

Contact Nos. (Home) _____ (Cell) _____ (Work) _____

E-mail Address _____

Date of Birth (DD/MM/YY) _____ Are you the owner of the vehicle? Yes No

If Yes, please provide details: _____

If No, what is your relationship with the owner? _____

Under what circumstances did you obtain the vehicle? _____

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/INCIDENT

Vehicle Make _____ Model _____ Registration No. _____

Was there any unrepaired damage prior to the incident? Yes No

Date of Incident _____ Time of Incident _____

Detailed Description of Incident (to be completed by Driver): _____

Road User

PART 4 DECLARATION BY THE CLAIMANT

I/We hereby understand that the Company reserves the right to decline any claim reported outside the claim notification period. I certify that the above statements and the information given are true to the best of my knowledge and belief.

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.

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

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