

## Road User

**NB:** You must inform Coralisle of all the facts likely to influence the acceptance and rating of your proposal. If you withhold information, any policy subsequently issued may be declared void. All questions must be answered.

### PART 1 DETAILS OF VEHICLE OWNER

Full Name \_\_\_\_\_

Policy No. \_\_\_\_\_ Vehicle Registration No. \_\_\_\_\_

### PART 2 DETAILS OF ADDITIONAL DRIVER

Full Name \_\_\_\_\_

Residential Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Nos. \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_ Occupation \_\_\_\_\_

1. How long have you driven motor cars?
  2. When did you first hold a Bermuda Private car licence?
  3. Do you currently hold a valid Bermuda Drivers Licence for the vehicle described in Section 1?  No  Yes
  4. Please provide your Driver's Licence number.
  5. Have you been convicted of any traffic offences in the last five years?  No  Yes
- NB: You must note all such offences.

No. of Years
Date
Date(s)
Offence(s)
Penalty(ies)
Details
Details
Policy No.
Details
Please provide details in Part 4 (over).

6. Have you received notice of intended prosecution for any traffic offence?  No  Yes
7. Has Coralisle or any other insurance company declined to insure you, required increased premiums, imposed special conditions, cancelled or refused to renew any policy you have/have held?  No  Yes
8. Do you hold or have you held a motor policy with Coralisle or any other insurer?  No  Yes
9. Do you currently have or have you ever suffered from any physical illness or disability that affects your ability to drive?  No  Yes
10. Have you had any motor accidents and/or claims and/or losses in the last five years?  No  Yes

**NB:** You must note all accidents/claims/losses. If you require more space than is provided over, please use an additional sheet.

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### **PART 3** DECLARATION BY INSURED AND ADDITIONAL DRIVER

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 agree that this Addendum, together with the Proposal Form previously signed by the Insured with respect to the above-mentioned motor vehicle, shall form the basis of the contract between me/us and Coralisle and I/we agree to accept Coralisle's usual form of policy for insurances of this nature. If this Proposal has been written by anyone else, that person is my/our agent for that purpose and not the agent of Coralisle. I/We hereby agree to immediately declare all subsequent accidents and/or convictions. (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.

Insured Print Name \_\_\_\_\_

Insured Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Driver Print Name \_\_\_\_\_

Additional Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

### **PART 4** DETAILS OF ACCIDENTS, CLAIMS OR LOSSES (Continuation of Part 2, Question 10)

1. Date of Accident/Claim/Loss \_\_\_\_\_ Time of Accident \_\_\_\_\_

How many vehicles were involved? \_\_\_\_\_ Total Value of the Claim \$ \_\_\_\_\_

Were you charged with or convicted of an offence?  No  Yes If Yes, please give full details: \_\_\_\_\_

Full Details of Accident/Claim/Loss \_\_\_\_\_

Was anyone injured?  No  Yes If Yes, please give full details: \_\_\_\_\_

Did the Loss involve fire or theft of the vehicle?  No  Yes If Yes, please give full details: \_\_\_\_\_

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2. Date of Accident/Claim/Loss \_\_\_\_\_ Time of Accident \_\_\_\_\_

How many vehicles were involved? \_\_\_\_\_ Total Value of the Claim \$ \_\_\_\_\_

Were you charged with or convicted of an offence?  No  Yes If Yes, please give full details: \_\_\_\_\_

Full Details of Accident/Claim/Loss \_\_\_\_\_

Was anyone injured?  No  Yes If Yes, please give full details: \_\_\_\_\_

Did the Loss involve fire or theft of the vehicle?  No  Yes If Yes, please give full details: \_\_\_\_\_

3. Date of Accident/Claim/Loss \_\_\_\_\_ Time of Accident \_\_\_\_\_

How many vehicles were involved? \_\_\_\_\_ Total Value of the Claim \$ \_\_\_\_\_

Were you charged with or convicted of an offence?  No  Yes If Yes, please give full details: \_\_\_\_\_

Full Details of Accident/Claim/Loss \_\_\_\_\_

Was anyone injured?  No  Yes If Yes, please give full details: \_\_\_\_\_

Did the Loss involve fire or theft of the vehicle?  No  Yes If Yes, please give full details: \_\_\_\_\_

4. Date of Accident/Claim/Loss \_\_\_\_\_ Time of Accident \_\_\_\_\_

How many vehicles were involved? \_\_\_\_\_ Total Value of the Claim \$ \_\_\_\_\_

Were you charged with or convicted of an offence?  No  Yes If Yes, please give full details: \_\_\_\_\_

Full Details of Accident/Claim/Loss \_\_\_\_\_

Was anyone injured?  No  Yes If Yes, please give full details: \_\_\_\_\_

Did the Loss involve fire or theft of the vehicle?  No  Yes If Yes, please give full details: \_\_\_\_\_

To be completed by the Agent	Policy No.	Period of Insurance		Premium	Agent Name
		From:	To:	\$	

**Coralisle Insurance Company Ltd.** Jardine House, 33-35 Reid Street, Hamilton HM 12, Bermuda  
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