



Road User

PART 1 DETAILS OF POLICY/POLICYHOLDER

Insured Name: First _____ Middle _____ Last _____

Policy No. _____ Type of Cover _____ Renewal Date _____

Residential Address: No./Street Name _____

Address Line 2 _____

Town/Parish/Island _____ Post Code _____ Country _____

Mailing Address _____

Town/Parish/Island _____ Post Code _____ Country _____

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

E-mail Address _____ Occupation _____

Driver's License No. _____ National Insurance No. _____

Is the Loss covered by any other Insurer? Yes No If Yes, which? _____

PART 2 DETAILS OF DRIVER/RIDER AT THE TIME OF THE ACCIDENT (as above)

Insured Name: First _____ Middle _____ Last _____

Residential Address: No./Street Name _____

Address Line 2 _____

Town/Parish/Island _____ Post Code _____ Country _____

Mailing Address _____

Town/Parish/Island _____ Post Code _____ Country _____

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

E-mail Address _____ Occupation _____

Date of Birth (DD/MM/YY) _____ 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? _____

Driver's License No. _____ National Insurance No. _____

PART 3 DETAILS OF VEHICLE/INCIDENT

Vehicle Make _____ Model _____ Registration No. _____

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

State fully the purpose for which the vehicle was being used at the time of the incident:

How many persons were being carried in the vehicle? _____

Date of Incident _____ Time of Incident _____

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



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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 CG Atlantic General Insurance Ltd. may process any and all of the personal data provided.
- I consent to CG Atlantic General Insurance Ltd. processing my personal data, in accordance with CG Atlantic General Insurance 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 CG Atlantic General Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG Atlantic General Insurance 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 _____