

Road User

PART 1 DETAILS OF POLICYHOLDER

Insured Name: First _____ Middle _____ Last _____

Policy No. _____

Residential Address: No./Street Name _____

Address Line 2 _____

Town/Parish/Island _____ Post Code _____ Country _____

Mailing Address _____

Town/Parish/Island _____ Post Code _____ Country _____

E-mail Address _____ Cellular Telephone _____

Work Telephone _____ Home Telephone _____

Do you hold a valid Cayman Drivers Licence? Yes No If Yes, provide a colour photocopy and the following details:

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

Driver 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 _____

E-mail Address _____

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 Cayman Drivers Licence? Yes No If Yes, provide a colour photocopy and the following details:

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 _____

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, please provide details below:

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

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, please report it immediately providing the Incident No. below.

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

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, please state the name of the Lender/Lending Institution and the Loan Officer

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. If this form has been completed by anyone else, that person is my/our agent for that purpose and not the agent of British Caymanian Insurance Company Limited ("CG BritCay"). (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 CG BritCay may process any and all of the personal data provided.

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- I consent to CG BritCay processing my personal data, in accordance with CG BritCay'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 BritCay in respect of any third party, is done with that third party's consent and knowledge of CG BritCay 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.

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

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

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