

## Travel Sure

### PART 1 DETAILS OF POLICYHOLDER

Full Name of Insured \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Residential Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Telephone \_\_\_\_\_  
 Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

### PART 2 DETAILS OF LOSS/DAMAGE

Date of Departure (DD/MM/YY) \_\_\_\_\_ Date of Return (DD/MM/YY) \_\_\_\_\_  
 Description of Loss \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Description of Damaged Item	Age of Item	Price Paid	Estimated Cost of Repair	Replacement Cost (if not repairable)

Itinerary attached?  Yes  Pending  
 Estimate(s) attached?  Yes  Pending  
 Airline cancellation/credit policy attached?  Yes  Pending

### PART 3 DECLARATION BY THE CLAIMANT

I/We declare that the above statements and particulars are complete and correct to the best of my/our knowledge, 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.
- 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.

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- 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.

Policyholder Name \_\_\_\_\_ Policyholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Policyholder Name \_\_\_\_\_ Policyholder Signature \_\_\_\_\_ Date \_\_\_\_\_