



Accident Claim Form

Underwritten by Hollard Insurance Company Limited
Cross Country is an Authorized Financial Services Provider 39547
Ash Brook Investments 133 (Pty) Ltd t/a Cross Country Insurance Consultants



Ensurers of Adventure

Company/Surname: _____ Initials: _____ Title: _____

Policy Number: _____ I.D. No: _____ V.A.T. Reg. No.: _____

Telephone (H): _____ (W): _____ Cell Phone: _____

ADDRESS

Postal: _____ Postal Code: _____

Residential: _____ Postal Code: _____

LOSS

Place of Loss: _____

Date of Loss: _____ Time of Loss: _____

INSURED MOTORCYCLE

Make: _____ Model: _____ Year: _____

Engine Number: _____ Chassis Number: _____ Registration Number: _____

Date of Purchase: _____ Price Paid: _____

Registered Owner: _____

Finance Company (if any): _____ Type of Agreement: _____

MOTORCYCLE DAMAGE

Describe Damage: _____

Where can the vehicle be inspected? _____

Estimate for repairs (attach quote) _____

DRIVER DETAIL

Surname: _____ Initials: _____ Title: _____

I.D. No: _____

Address: _____

Contact Number: _____

OTHER PARTY

Other Vehicles Yes No

Name of Driver: _____ Contact No: _____ Registration Number: _____

Address: _____

PROPERTY OTHER THAN VEHICLE

Name of Owner: _____ Tel. No.: _____

Address: _____

Detail of Damage: _____

INJURED PERSON

1. Name: _____ Tel. No.: _____

Address: _____

2. Name: _____ Tel. No.: _____

Address: _____

WITNESSES

1. Name: _____ Tel. No.: _____

2. Name: _____ Tel. No.: _____

ACCIDENT

Speed before Accident: _____ KPH Speed on Impact: _____ KPH

Description of Accident: _____

For what purpose was the Motorcycle being used: _____

BANK DETAILS

We recommend that payment be made directly to the Insured account to avoid banking delays and fraud

Method of Payment Direct to Account Cheque

Account details if payment is done directly to account

Account Holder: _____

Account Number: _____ Bank Branch: _____

Current Account Transmission Account Savings Account

DECLARATION

I/We hereby declare the foregoing particulars to be true in every respect

Signature of Driver: _____ Date: _____

Signature of Insured: _____ Capacity: _____ Date: _____

N.B. Please notify the Insurers should you become aware of any impending prosecution, inquest or defraud