



DirtSure
comprehensive dirt bike insurance

Theft 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



#1 Brand in Adventure

Company/Surname: _____ Initials: _____ Title: _____

Policy Number: _____ 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: _____ Account Number: _____

DETAILS AND FEATURES OF MOTORCYCLE

Describe exactly what the bike looked like: _____

LAST DRIVER DETAILS

Surname: _____ Initials: _____ Title: _____

I.D. Number: _____ Contact Number: _____

Address: _____

GENERAL QUESTIONS

Was the motorcycle locked up? Yes No

Was there a locking device in place? Yes No

Was there a tracking device fitted? Yes No

If Yes – please specify make of tracking device: _____

Was the tracking device operational at the time of theft? Yes No

Circumstances of Theft/Hijack: _____

POLICE

Police Station: _____ Reference Number: _____

Date Reported: _____ Time reported: _____

PREVIOUS INSURANCE

Name of previous Insurance Company: _____

Date and type of any previous claims: _____

Insurance Company claim Number/s: _____

BANK DETAILS

We recommend that payment be made directly to the insured's account to avoid banking delays and fraud

Method of Payment Direct to account Cheque

Account details if payment is made directly to account

Account Holder: _____ Account Number: _____

Bank Branch: _____

Current Account Transmission 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: _____