



# DirtSure

comprehensive dirt bike insurance

General		
COMPANY/SURNAME	INITIALS	TITLE
POLICY NUMBER		
I.D. NUMBER	V.A.T. REG. NO.	
TELEPHONE (H)	(W)	CELL PHONE
ADDRESS		
POSTAL	RESIDENTIAL	
POSTAL CODE	POSTAL CODE	
LOSS		
DATE OF LOSS		
PLACE 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		
DRIVER DETAILS		
SURNAME	INITIALS	TITLE
I.D NUMBER		
ADDRESS		
CONTACT NUMBER		
OTHER PARTY		
OTHER VEHICLES	YES [ ]	NO [ ]
NAME OF DRIVER		
CONTACT NUMBER		
REGISTRATION NUMBER		
ADDRESS		
INJURED PERSONS		
1 NAME	TEL. NO.	
ADDRESS		
2 NAME	TEL. NO.	

ADDRESS

**INJURIES**

Empty rows for recording injuries.

**ACCIDENT**

SPEED BEFORE ACCIDENT K.P.H

SPEED ON IMPACT K.P.H.

DESCRIPTION OF ACCIDENT

Empty rows for describing the accident.

FOR WHAT PURPOSE WAS THE MOTORCYCLE BEING USED

Empty row for purpose of use.

**Sketch**

Large empty area for drawing a sketch.

**BANKING 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 AFOREGOING 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 DEMAND**