



# Accident Claim Form

Underwritten by Hollard Insurance Company Limited  
Cross Country is an Authorized Financial Services Provider 39547



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: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_ Capacity: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_ Capacity: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_ Capacity: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_ Capacity: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_ Capacity: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_ Capacity: \_\_\_\_\_ Date: \_\_\_\_\_

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