DirtSure
comprehensive dirt bike insurance

Accident Claim Form

Underwritten by Hollard Insurance Company Limited

Cross Country is an Authorized Financial Services Provider 39547

CROSS COUNTRY
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 herby 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 defraud