



### Theft 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: \_\_\_\_\_ 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: \_\_\_\_\_

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