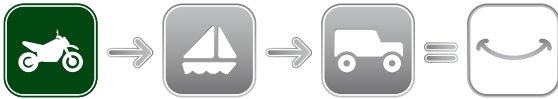




Accident Claim Form (Delete sections not applicable)



DirtSure
comprehensive dirt bike insurance



Take us with you

Underwritten by Hollard Insurance Company Limited
Cross Country is an Authorized Financial Services Provider 39547
Registration number: CK 2008/013847/07 | VAT Number: 4020252203
Cross Country Insurance Consultants (PTY) LTD

MOTOR ACCIDENT CLAIM FORM

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				Time of Loss	
Date of loss					
INSURED MOTORCYCLE					
Make		Model			
Year		Engine Number			
Chassis Number/VIN No.		Registration Number			
Date of Purchase		Price Paid			
Kilometers completed					
Registered Owner					
Where can the vehicle be inspected?					
Estimate for repairs (attach quote)					
Finance Company (if any)					
Type of Agreement		Account Number			
State name, address and account number of Finance Company					
DRIVER DETAIL					
Surname		Initials		Title	
I.D. No					
Address					
Contact Number					
OTHER PARTY					
Other Vehicles		Yes	No		
Name of Driver		Contact No		Registration Number	
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					

