



DirtSure Theft 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

**THEFT CLAIM FORM**

|   |            |                       |                     |              |  |
|---|------------|-----------------------|---------------------|--------------|--|
| <b>Company/Surname:</b>                                   |            | <b>Initials</b>       |                     | <b>Title</b> |  |
| <b>Policy Number</b>                                      |            | <b>V.A.T. Reg. No</b> |                     |              |  |
| <b>Telephone (H)</b>                                      | <b>(W)</b> | <b>Cell Phone</b>     |                     |              |  |
| <b>ADDRESS</b>  |            |                       |                     |              |  |
| Postal  |            |                       |                     | Postal Code  |  |
| Residential   |            |                       |                     | Postal Code  |  |
| <b>LOSS</b>   |            |                       |                     |              |  |
| Place of loss   |            |                       |                     |              |  |
| Date of loss  |            |                       | Time of Loss        |              |  |
| <b>INSURED MOTORCYCLE</b>                                 |            |                       |                     |              |  |
| 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      |              |  |
| <b>DETAILS AND FEATURES OF MOTORCYCLE</b>                 |            |                       |                     |              |  |
| Describe exactly what the bike looked like                |            |                       |                     |              |  |
| <b>LAST DRIVER DETAILS</b>                                |            |                       |                     |              |  |
| Surname   |            |                       | Initials            |              |  |
| I.D. No   |            |                       |                     |              |  |
| Address   |            |                       |                     |              |  |
| Contact Number  |            |                       |                     |              |  |
| <b>GENERAL QUESTIONS</b>                                  |            |                       |                     |              |  |
| 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                             |            |                       |                     |              |  |
|   |            |                       |                     |              |  |
|   |            |                       |                     |              |  |

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**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        | <input type="checkbox"/> | Cheque                   | <input type="checkbox"/> |
| Account details if payment is done directly to account |                          |                          |                          |                          |
| Account Holder   |                          |                          |                          |                          |
| Account Number   |                          | Bank Branch              |                          |                          |
| Current Account  | <input type="checkbox"/> | Transmission Account     | <input type="checkbox"/> | Savings Account          |

**Declaration**

I/We hereby declare the foregoing particulars to be true in every respect

|   |   |   |
|---|---|---|
| <hr/> <p style="text-align: center;">Signature of Driver</p> <hr/>  | <hr/> <p style="text-align: center;">Capacity</p> <hr/> | <hr/> <p style="text-align: center;">Date</p> <hr/> |
| <hr/> <p style="text-align: center;">Signature of Insured</p> <hr/> | <hr/> <p style="text-align: center;">Capacity</p> <hr/> | <hr/> <p style="text-align: center;">Date</p> <hr/> |

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