



Accident Claim Form (Delete sections not applicable)



Take us with you

Cross Country Insurance Consultants (Pty) Ltd
 Underwritten by Renasa Insurance Company Limited
 Cross Country is an Authorised Financial Services Provider 39547
 Registration Number: 2008/013847/07 | VAT Number: 4020252203

Tel No: 011 215 8800 | Fax No: 011 476 8205 | website: www.ccic.co.za

MOTOR ACCIDENT CLAIM FORM

Company/Surname:		Initials		Title	
Policy Number		ID No	VAT Reg. No		
Telephone (H)		(W)	Celll 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/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		Innitials		Title	
ID 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					

