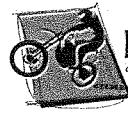




DirtSure Theft Claim Form (Delete sections not applicable)



DirtSure
comprehensive dirt bike insurance



RENASA
INSURANCE COMPANY LIMITED

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



Take us with you

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

THEFT CLAIM FORM

Company/Surname:		Initials		Title	
Policy Number		VAT 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	
ID No					
Address					
Contact Number					
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 done directly to account			
Account Holder			
Account Number		Bank Branch	
Current Account	Transmission Account	Savings Account	

Declaration

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

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

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