



Take us with you

DirtSure Theft Claim Form (Delete sections not applicable)



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

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									
<div>Signature of Driver</div>							<div>Date</div>		
<div>Signature of Insured</div>			<div>Capacity</div>				<div>Date</div>		
N.B. Please notify the Insurers should you become aware of any impending prosecution, inquest or defraud									