



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

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	MOI		CLE ACCI te sections r		AIM FORM			
		(Delet		тот аррпса				
Company/Surname:					Initials		Title	
Policy Number			ID No	0		VAT R	Reg. No	ı
Telephone (H)			(W)			Celll	Phone	
ADDRESS								
Postal			ADDI			Postal	Code	
Residential						Postal		
			100					
Place of loss			LOS	55				
Date of loss					Time of Lo	200		
Date of loss						JSS		
		INS	URED MO	 	.E			
Make				Model				
Year				Engine Nu				
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 N	lumber			
State name, address and account number of Finance Company								
DRIVER DETAIL								
Surname			DKIVEK	DETAIL	Innitials		Title	
ID No					II II IIII GIS		TITIC	
Address								
Contact Number								
21.113.01.113.113.113.113.113.113.113.113								
			OTHER F	PARTY				
Other Vehicles	Yes No		0 : :			5		
Name of Driver			Contact	NO		Regist Numb		
			TV OTHER			1.31110		

Tel No

Name of Owner

Detail of Damage

Address

INJURED PERSON								
1. Name		MOOKED LEKSON	Tel. No					
Address			101.140					
2. Name	Tel No							
Address			101110					
WITNESSES								
1. Name		Tel No						
2. Name Tel No								
POLICE DETAILS								
Name of Police/Traffic officer who Recorded details of accident								
Police station, case number of								
Was driver tested for alcohol	or drugs ?							
		ACCIDENT DETAILS						
Speed before Accident	(KPH)	Speed on Impo	act (KPH)					
	(KI II)	speed on impl	GCI (KITI)					
Description of Accident	<u> </u>							
		Sketch of incident						
For what purpose was the Motorcycle being used								
BANK DETAILS								
I have inspec	ted the driver's	licence and it is free of endors	sements/endorsed as shown					
Method of Payment	Direct to Acco		STITETING OF GOTSON OF STITETING					
	l							
Account details if payment is done directly to account Account Holder								
Account Number		Bank Branch						
Current Account	Transmission A		unt					
33110111713000111	1.0131113310117		····					
Declaration								
I/We herby declare the aforegoing par ticulars to be true in every respect								
	_							
Signature of Driver			Date					
Cionalius of la com	rad	Canacit	Data					
Signature of Insured		Capacity	Date					

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