

MOTOR CYCLE ACCIDENT CLAIM FORM

(Delete sections not applicable)

| | | | | | |
|------------------|--|----------|--|-------------|--|
| Company/Surname: | | Initials | | Title | |
| Policy Number | | ID No | | 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/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 | | Initials | | Title | |
| ID No | | | | | |
| Address | | | | | |
| Contact Number | | | | | |

OTHER PARTY

| | | | | | |
|----------------|-----|--------------------------|----|--------------------------|--|
| Other Vehicles | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| 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 | | | |

| 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 and date reported | |
| Was driver tested for alcohol or drugs ? | |

| ACCIDENT DETAILS | | | |
|-------------------------|-------|-----------------|-------|
| Speed before Accident | (KPH) | Speed on Impact | (KPH) |
| Description of Accident | | | |
| | | | |
| | | | |

Sketch of incident

| | |
|--|--|
| For what purpose was the Motorcycle being used | |
|--|--|

| BANK DETAILS | | | |
|--|----------------------|-----------------|--|
| I have inspected the driver's licence and it is free of endorsements/endorsed as shown | | | |
| 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 | | |
| _____ Signature of Driver | | _____ Date |
| _____ Signature of Insured | _____ Capacity | _____ Date |

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