

LIABILITY CLAIM FORM

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1. POLICY INFORMATION - OFFICE USE ONLY

Policy Number :

Broker Name :

Claim Number :

2. PERSONAL DETAILS

Title: _____ Name: _____ Surname: _____

Identity No.: _____ Date of birth: _____

Occupation: _____ Cellular No.: _____

Home address: _____ Tel No. (Work): _____

_____ Tel No. (Home): _____

Postal Code: _____ Email address: _____

1. Have you made any cycle related claims (whether paid or not) or suffered any events that may have given rise to a claim, within the last three years? Yes No

If yes, please provide details: _____

2. Do you have any other insurance policy which may also cover all or part of the incident? Yes No

If yes: Policy number: Name of insurer:

Contact details:

3. INCIDENT DETAILS

3. Please tick what claim is for: Accidental injury Accidental damage

Other (please specify): _____

4. Date of incident: _____ 5. Time of incident: _____ am / pm

6. Where exactly did the incident occur? _____

7. State exactly how the incident occurred: _____

8. Were you responsible for causing the incident? Yes No

If yes, please provide details of why you were responsible _____

9. Have you admitted liability to the other party? Yes No

10. Was someone else responsible for the incident? Yes No

If yes, please provide details and explain why they were responsible

Name: _____ Contact details: _____

11. Why were they responsible? _____

12. Please provide details of any witnesses to the incident _____

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13. Was the bike damaged in a road accident?

Yes

No

If yes, please provide a diagram of the road layout where the accident occurred indicating your position and that of any other party involved in the accident

4. THIRD PARTY DETAILS

14. Details of all other parties involved (use separate sheet if necessary)

Name: _____ Contact details: _____

15. Provide details of any damage to the third party's property: _____

16. Provide details of any injuries to the third party: _____

5. POLICE INFORMATION

17. Date & time the incident was reported to the police: Time: _____ am/pm Date: _____

18. Police station where incident was reported: _____

19. Police reference number given by the police: _____

20. Did the police attend the scene of the crime? Yes No

21. If the police were not advised immediately after the incident was discovered, please confirm the reason for the delay: _____

22. If the incident occurred at a venue please give contact details of the manager or anyone else that the incident was reported to
Name: _____ Contact details: _____

6. DETAILS OF YOUR CLAIM

23. Were you injured in the incident? Yes No

If yes, please give details: _____

24. Was your property damaged in the incident? Yes No

If yes, please give details: _____

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7. ITEM DETAILS

Item No.	Make	Model	Colour	Serial Number	Date of Purchase	Place of purchase	Original purchase price	Estimated replacement cost
1.								
2.								
3.								
4.								
5.								
Any other items:								
Description of any damage:								

8. DECLARATION

I/We declare that the information provided in this claim form is true to the best of my belief and knowledge. I/We have not withheld any information within my/our knowledge connected with this claim. I/We accept that if I/we exaggerate any part of this claim, or make any false declaration or statement, I/we shall not be entitled to receive any benefit under this policy in respect of this claim. Furthermore, I/we accept that any such action on my/our part may render me/us liable to prosecution. I/We further agree to provide any further information or documentation as may be reasonable required. I/We understand that you may seek information from other insurers to check answers that I/we have provided.

Signed by policy holder(s): _____ Date _____