

PROPERTY DAMAGE 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. Who is your cycle dealer?

4. When and by which dealer was your bike serviced? Date: Dealer:

5. If your claim is for damage in transit, was a transport provider responsible for the property or part of the incident? Yes No

If yes, Name: _____ Ref. No.: _____ Contact details: _____

3. INCIDENT DETAILS

6. Please tick what your claim is for: Damage whilst racing Damage whilst training Malicious Damage

Other (please specify): _____

7. Date of the incident: _____ 8. Time when the property was damaged Time: _____ am/pm

9. When was the property last seen by you? Time: _____ am/pm Date: _____

10. Where did the incident occur? _____

11. State exactly how the incident occurred: _____

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

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

Contact details: _____

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7. ITEM DETAILS

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

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 _____