



Accident Claim Form (Delete sections not applicable)



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

MOTOR ACCIDENT CLAIM FORM

Company/Surname:						Initials		Title				
Policy Number				ID No			VAT Reg.	No				
Telephone (H)		(W) Celli Phone										
ADDRESS												
Postal							Postal Cod	de				
Residential		Postal Code										
				LOSS	3							
Place of loss	Τ											
Date of loss		Time of Loss										
			INS	SURED MOT	ORCYC							
Make	Τ				1odel							
Year		Engine Number										
Chassis Number/VIN No		Registration Number										
Date of Purchase		Price Paid										
Kilometers completed												
Registered Owner							I					
Where can the vehicle be inspected?												
Estimate for repairs (attach quote)												
Finance Company (if any)												
Type of Agreement				А	ccount 1	Number						
State name, address and				'			'					
account number of												
Finance Company												
				DRIVER D	ETAIL							
Surname						Innitials		Title				
ID No												
Address												
Contact Number												
				OTHER P.	ARTY							
Other Vehicles	Yes	No										
Name of Driver		1		Contact N	lo		Registration Number	on				
PROPERTY OTHER THAN VEHICLE												
Name of Owner						Tel No						
Address												
Detail of Damage												
INJURED PERSON												
1. Name							Tel. No					
Address							1	1				
2. Name		-					Tel No					
Address							<u></u>	1				

		WITNESS	ES					
1. Name					Tel No			
2. Name				Tel No				
		OLICE DE	TAILS		J			
Name of Police/Traffic officer								
Police station, case number of	and date reported							
Was driver tested for alcohol								
		CCIDENT D	FTAIIS					
Speed before Accident	(KPH)		eed on I	mnact	(KPH)			
Description of Accident	(Ki Ti)	30		Праст	(IXI II)			
Description of Accident		-						
Sketch of incident								
		,						
For what purpose was the Mo	otorcycle being used							
		BANK DET	AILS					
I have inspec	ted the driver's licence	e and it is fr	ee of en	dorsements/er	ndorsed as s	hown		
Method of Payment	Direct to Account	Chequ	Je 📗					
Account details if payment is	done directly to acco	unt						
Account Holder								
Account Number		Bank Bran	ch					
Current Account	Transmission Account	Sa	vings Ac	count				
		Declarati						
I/We h	erby declare the afore			o be true in eve	erv respect			
•	,	0 01						
Signature of Drive	<u></u>					Date		
Signature of Dilv						Daio		
Signature of Insur	ed	Can	acity			Date		
N.B. Please notify the Insurers should you become aware of any impending prosecution, inquest or defraud								