



Take us with you

Accident Claim Form (Delete sections not applicable)



**DirtSure**  
comprehensive dirt bike insurance



**RENASA**  
INSURANCE COMPANY LIMITED

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)			Celll 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		No						
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									

[illegible]