

PROPERTY THEFT CLAIM FORM

PERSONAL DETAILS

Title: _____ Name: _____ Surname: _____
 ID number: _____ Cellular number: _____
 Occupation: _____ Tel No. (Work): _____
 Home address: _____ Tel No. (Home): _____
 _____ Postal code: _____ Email address: _____

- Have you ever had 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: _____

- 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: _____

- If your claim is for theft from outside the Republic of South Africa, do you have a travel insurance policy which may also cover all or part of the incident? Yes No

- Who is your cycle dealer? _____

Are you employed by a cycle dealer or wholesaler? Yes No Company: _____

INCIDENT DETAILS

- Please tick what your claim is for:

Theft from home Theft in transit Theft other Hijacking Theft of accessories

Date of the incident: _____

Times between which the property was stolen: Time from _____ am/pm to: _____ am/pm

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

- Where did the incident occur? _____

State exactly how the incident occurred: _____

THEFT FROM A VEHICLE

- Please confirm the make, model and year of manufacture of the vehicle

Make: _____ Model: _____ Year: _____

PROPERTY THEFT CLAIM FORM

• How was access gained to the vehicle: _____

• Was the bicycle mounted on a bicycle carrier: Car Trailer

Make and model of bicycle carrier: _____

ITEM DETAILS

Item No.	Make	Model	Colour	Serial number	Date of Purchase	Place of Purchase

• Is the bicycle subject to a Hire of Leasing Agreement Yes No

If yes, state the name and address of the finance company: _____

POLICE INFORMATION

• Date and time the incident was reported to the police: Date: _____ Time: _____ am/pm

• Police station where the incident was reported: _____

• Police case number? _____

• Did the police attend the scene of the crime? _____

• If the police were not advised immediately after the incident was discovered, please confirm the reason for the delay?

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 withing my / our knowledge connected to this claim. I /We accept that if I /We exaggerate any part of this claim, or make any false declaration of statement, I /We shall not be entitled to receive my benefit under this policy respect of this claim. Furthermore, I /We accept that any such action on my / our party may render me / us liable to prosecution. I /We furhter agree to provide any further information or documentation as may be reasonably required. I /We understand that you may seek inormation from other insurers to check answers that I /We have provided.

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Signed by policy holder(s): _____ Date: _____

Hollard.

Infinite cover and dedication...enjoy the ride!

Underwritten by The Hollard Insurance Company Limited
(Reg No. 1952/003004/06), a Licensed Non-Life Insurer
and an authorised Financial Services Provider