

71 David Street Constantia Kloof 1709

> P.O.Box 4132 Cresta 2118

Tel. : 0861 292 537 Fax: 0861 242 925

E-Mail: info@cyclesure.co.za Website: www.cyclesure.co.za

## PROPERTY DAMAGE CLAIM FORM

. POLICY INFORMATION - OFFICE USE	ONLY
Policy Number: Claim number:	Broker name:
. PERSONAL DETAILS	
Title:  ID number:  Full name:  Occupation:  Home address:  Work telephone:  Mobile number:  E-mail:  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	<ol> <li>Do you have any other insurance policy which may also cover all or part of the incident?         (I.e. Travel insurance policy)         Yes</li></ol>
B. INCIDENT DETAILS	
6. Please tick what your claim is for:  Damage whilst racing  Damage whilst training  Malicious Damage  Other(please specify):	12. Was someone else responsible for the incident?  Yes No Service And Explain why they were responsible Name:  Contact details:

7. Date of	incident:	DD/MM/YE	EAR	13.	How were	they respor	nsible?	
8. The time	e when the pr	operty was	damaged		Were ther	e any witne	sses to the i	ncident?
Time: _	an	n/pm			Yes 🗌	No 🗌		
	as the proper am/			<u> </u>	If yes plea	ase provide (	contact deta	ils:
10.Where	did the incider	nt occur?			Name:			
					Contact d	etails:		
11. State ex	cactly how the	e incident oc	curred:		Name:			
					Name: Contact d			
4 POL	ICE INFOR	RMATION						
	& time the inc			o polico 47	Did the re		h	the environment
	am/						he scene of	the crime?
						No se were not :	advisad imm	ediately after
15. Police	e station wher	e incident w	as reported:	<u>,</u> 10.	the incide			se confirm the
16. Police	reference nu	ımber given	by the polic	e: _	Teason for	ine delay.		
5. ITEN	I DETAILS	6						
Item Number	Make	Model	Colour	Serial Number	Date of purchase	Place of purchase	Original purchase price	Estimated replacement cost
1. 2.								
3.								
4. 5.								
Any othe	er items:							
Descripti	ion of any dan	nage:						

	ccident		
DECLARATION			
knowledge. I/we have r claim. I/we accept that statement, I/we shall no Furthermore, I/we ac prosecution. I/We further	nformation provided in this cont withheld any information if I/we exaggerate any part of the entitled to receive any boxen that any such action er agree to provide any furtive understand that you may provided.	within my/our knowledge of of this claim, or make any for penefit under this policy in re on my/our part may rende ther information or docume	connected with this false declaration or espect of this claim. er me/us liable to ntation as may be