

LIABILITY 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: _____

INCIDENT DETAILS

- Please tick what your claim is for: Accidental Injury Accidental damage
 Other (please specify): _____
- Where exactly did the incident occur? _____
- State exactly how the incident occurred? _____

- Were you responsible for causing the incident? Yes No
 If yes, please provide details of why you were responsible? _____
- Have you admitted liability to the other party? Yes No
- Was someone else responsible for the incident? Yes No
 If yes, please provide details of why they were responsible? _____
 Name: _____ Contact details: _____
- Why were they responsible? _____

- Please provide details of any witnesses to the incident? _____

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- Was the bike damaged in a road accident? Yes No

If yes, 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?

THIRD PARTY DETAILS

- Details of all other parties involved (use separate sheet if necessary)?
Name: _____ Contact details: _____
Name: _____ Contact details: _____
- Please provide details of damage to the third party's property? _____

- Please provide details of any injuries to the third party? _____

POLICE INFORMATION

- Date and time the incident was reported to the police: Date: _____ Time: _____ am / pm
- Police station where incident was reported: _____
- Police reference number given by the police: _____
- Did the police attend the scene of the crime: Yes No
- If the police was not advised immediately after the incident was discovered, please confirm the reason for the delay: _____

- If the incident occurred at a venue please give contact details of the manager or anyone else that the incident was reported to:
Name: _____ Contact details: _____

DETAILS OF YOUR CLAIM

- Were you injured in the incident? Yes No
If yes, please give details: _____

- Was your property damaged in the incident? Yes No
If yes, please give details: _____

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ITEM DETAILS

Item No.	Make	Model	Colour	Serial number	Date of purchase	Place of purchase	Original purchase price	Estimated replacement cost

Any other items: _____

Description of any damage: _____

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 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: _____

Infinite cover and dedication...enjoy the ride!



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