

## PROPERTY DAMAGE 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 had any cycle related claims (whether paid or not) or suffered any events that may have 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: \_\_\_\_\_

- Who is your cycle dealer? \_\_\_\_\_
- Are you employed by a cycle dealer or wholesaler? Yes  No  Company: \_\_\_\_\_
- When was your bicycle serviced? \_\_\_\_\_ By which Cycle Dealer: \_\_\_\_\_
- If your claim is for damage in transit, was a transport provider responsible for the property of part of the incident?  
 Yes  No  If yes, which transport provider: \_\_\_\_\_ Reference no: \_\_\_\_\_  
 Contact details: \_\_\_\_\_

### INCIDENT DETAILS

- Please tick what your claim is for: Damage whilst racing  Damage whilst training  Damage in transit  Other

Date of incident: \_\_\_\_\_ Time when the property was damaged: \_\_\_\_\_ am/pm

- Where did the incident occur? \_\_\_\_\_
- State exactly how the incident occurred? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Is the bicycle subject to a Hire or Leasing Agreement? Yes  No

If yes, state the name and address of the finance company? \_\_\_\_\_

- Was someone else responsible for the incident? Yes  No

If yes, provide details and explain why they were responsible: \_\_\_\_\_

Name: \_\_\_\_\_ Contact details: \_\_\_\_\_

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- Were there any witnesses to the incident? Yes  No

Name	Contact details

## POLICE INFORMATION (Applicable to claims where third party property is damaged)

- 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? \_\_\_\_\_

## ITEM DETAILS

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

Description of damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 within my/our knowledge connected with 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 any benefit under this policy in respect of this claim. Furthermore, I/We accept that any such action on my/our part may render me/us liable to prosecution. I/We further agree to provide any further information of documentation as may be reasonable required. I/We understand that you may seek information 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!

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(Reg No. 1952/003004/06), a Licensed Non-Life Insurer  
and an authorised Financial Services Provider