

PROPERTY THEFT CLAIM FORM

1. POLICY INFORMATION- OFFICE USE ONLY

Policy Number:

Broker name:

Claim number:

2. PERSONAL DETAILS

Title:

ID number:

Full name:

Occupation:

Home address:

Home telephone:

Work telephone:

Mobile number:

E-mail:

2. 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

If yes:

Policy number:

Name of insurers:

Contact details:

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: _____

3. INCIDENT DETAILS

3. Please tick what your claim is for:

- Theft of pedal cycle
- Theft of accessories
- Theft of wheelset
- Other(please specify): _____

6. When was the property last seen by you?
 Time: _____ am/pm Date: DD / MM / YYYY

7. Where did the incident occur?

4. Date of incident: DD/MM/YEAR

5. The times between which the property was stolen
 Time from: _____ am/pm to: _____ am/pm

8. State exactly how the incident occurred:

4. THEFT FROM A VEHICLE (complete if applicable)

9. Please confirm the make, model and year of manufacture of the vehicle

Make:

Model:

Year:

11. Was the pedal cycle mounted on a caddy?

Car Trailer

Make of caddy:

10. How was access gained into the vehicle?

5. POLICE INFORMATION

12. Date & time the incident was reported to the police

Time: _____ am/pm Date:

13. Police station where incident was reported?

14. Police reference number given by the police:

15. Did the police attend the scene of the crime?

Yes No

16. If the police were not advised immediately after the incident was discovered, please confirm the reason for the delay:

6. ITEM DETAILS

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 other items:

Description of any damage:

7. 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 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 or 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 or 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.

Signed by policy holder(s): _____

Date: