

PROPERTY DAMAGE CLAIM FORM



Tel : 021 - 702 7960
Fax : 021 - 702 4108
Email : Riccardo@phoenixrisk.co.za
Website : www.pedalcycleinsurance.co.za

1. POLICY INFORMATION - OFFICE USE ONLY

Policy Number:

Claim number:

2. PERSONAL DETAILS

Title:

ID number:

Full name:

Occupation:

Home address:

Home telephone:

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

2. Do you have any other insurance policy which may also cover all or part of the incident?

(i.e. Travel insurance policy)

Yes No

If yes:

Policy number:

Name of insurers:

Contact details:

3. Who is your cycle dealer?

4. When and by which dealer was your bike serviced?

Date:

Dealer:

5. If your claim is for damage in transit, was a transport provider responsible for the property or part of the incident?

Yes No

If yes

Name:

Reference number:

Contact details:

3. 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

If yes please provide details and explain why they were responsible

Name:

Contact details:

7. Date of incident:
8. The time when the property was damaged
Time: _____ am/pm
9. When was the property last seen by you?
Time: _____ am/pm Date: DD/MM/YYYY
10. Where did the incident occur?

11. State exactly how the incident occurred:

13. How were they responsible?

- Were there any witnesses to the incident?
Yes No
- If yes please provide contact details:

Name:
Contact details: _____

Name:
Contact details: _____

Name:
Contact details: _____

4. POLICE INFORMATION

14. Date & time the incident was reported to the police
Time: _____ am/pm Date:
15. Police station where incident was reported?
16. Police reference number given by the police:
17. Did the police attend the scene of the crime?
Yes No
18. If the police were not advised immediately after the incident was discovered, please confirm the reason for the delay:

5. 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:								

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



6. 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: