

This form is required in order to assess a potential claim under a policy of insurance. Issue and completion of this form does not in any way imply, construe or admit liability by the Insurer. Only a fully completed form can receive our further consideration. All claims to be reported to NotifyClaim@guardrisk.co.za

INSURED	Name	
	Claim Number	
INCIDENT	Date and Time	
	Place where incident occurred	
	When was the loss discovered?	
WITNESS	Full Name	
	Telephone Number	
	Email Address	
	Physical Address	
POLICE	Police Reference Number	
	Police Station	
	Date Reported	
	Officer Name	
DESCRIPTION OF ACCIDENT	Provide a detailed description of how the incident occurred;	
SKETCH OF ACCIDENT		
Please show clearly the point of impact and indicate the direction of travel by arrows. Give details		

DRIVER	Full Name					
	Address					
	Drivers licence details		No.	Date	Place	Full/learner
	Telephone Number					
	Email Address					
	Physical Address					
REGISTERED OWNER OF VEHICLE	Full Name					
	Address					
	Telephone Number					
	Email Address					
	Physical Address					
CONTACT/ LIAISON FOR PURPOSES OF THIS CLAIM	Full Name					
	Address					
	Telephone Number					
	Email Address					
	Physical Address					
ASSESSMENT OF THE VEHICLE: CONTACT PERSON	Full Name					
	Address					
	Telephone Number					
	Email Address					
	Physical Address					
	Physical Address where vehicle can be assessed					
VEHICLE DETAILS	Make					
	Gross Vehicle Mass					
	Km Completed					
	Registration Number					
	Value					
	Model and year					
	Manual			Automatic		
	Is the vehicle driveable?	Yes		No		
	Was the vehicle towed from the accident scene?	Yes		No		

PROPERTY DAMAGE	Name of owner	
	Telephone number of owner	
	Description of loss/ damage	
PERSONAL INJURIES	Name of injured person	
	Age of injured person	
	Physical address of injured person	
	Details of injuries	

NOTE

TOWING:

If your vehicle is standing at a towing company/panelbeater's premises, we will not pay for the storage, security and administration costs.

When a decision is made to pay the claim, we will compensate you for only the reasonable first towing costs.

CAR HIRE:

We do not pay for car hire costs, unless the vehicle is used for business purposes to generate income; and proof will be required (attach copy of your policy schedule to reflect car hire option on your policy OR a letter from your Company confirming that the vehicle is used for business purposes and it must include your employee number, your daily duties and your occupation).

WITNESS:

If you are able to contact your witness, please request that the attached witness statement be completed. (This witness cannot be a passenger in your car).

INFORMATION SHARING - CONSENT OF INSURED

You agree to share your information

1. I acknowledge that sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the best interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.
2. I waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me, This is on my own behalf as well as on the behalf of any person I represent in terms of this insurance policy.
3. I acknowledge that the Insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit.
4. I consent to such information being disclosed to any other insurance company or its agent
5. I acknowledge that the information may be verified against legally recognised sources or database.

DECLARATION

I/ we hereby acknowledge that Guardrisk Insurance Company (Pty) Ltd may make an enquiry, where applicable, to the South African Crime Bureau or their authorised representatives to obtain any information or detail as being reported on this claim form.

I/ we hereby declare that the afore going particulars to be true in every respect.

Signature of driver Date

Signature of insured..... Date

Please provide copies of drivers licence and page 1 of drivers identity document.

N.B IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY WHEN YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.

To be completed by the witness

WITNESS	Name	
	Telephone Number	
	Email Address	
	Physical Address	
INCIDENT	Date and Time	
	Place where incident occurred	
VEHICLE DETAILS	Make	
	Registration Number	
DESCRIPTION OF ACCIDENT	Provide a detailed description of how the incident occurred;	
SKETCH OF ACCIDENT		
Please show clearly the point of impact and indicate the direction of travel by arrows. Give details		

DECLARATION

I/ we hereby declare the foregoing particulars to be true in every respect.

Signature of witness Date