



**Guardrisk 24 hour claims helpline**

**0860 222 555**

**Follow the prompts.**

**SMS 'Help'  
to 34798**

**LIABILITY CLAIM  
FORM**

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](mailto:notifyclaim@guardrisk.co.za)

<b>POLICY NUMBER</b>					
<b>INSURED</b>	Name				
	Business description				
	Email address				
	Telephone number				
	Physical address				
<b>INCIDENT</b>	Date (DD/MM/YY)		Time	AM	PM
	Place where incident occurred				
	When was the loss discovered?				
<b>WITNESS</b>	Name				
	Telephone number				
	Physical address				
<b>POLICE</b>	Police reference number				
	Police station				
	Date reported				
	Officer name				
<b>DESCRIPTION OF ACCIDENT</b>	Provide a detailed description of how the incident occurred				

<b>CLAIM</b>	If a claim has been made; or is being made against you, provide details and attach correspondance

**PUBLIC LIABILITY**

<b>PROPERTY DAMAGE</b>	Name of owner	
	Telephone number of owner	
	Description of loss/ damage	
<b>PERSONAL INJURIES</b>	Name of injured persons	
	Age of injured persons	
	Physical address of injured person	
	Details of injuries	
<b>RELATIONSHIP</b>	If any person named above is in your service,your tenant, or related to you, please provide full details	

**MOTOR LIABILITY**

<b>DAMAGE TO OWN VEHICLE</b>	Damage to own vehicle?	Yes			No		
	Description of damage						
	Details of vehicle	Make					
		Tare					
		Gross vehicle mass					
		Km completed					
		Registration number					
		Value	<b>R</b>				
Model and year							
Manual/ Automatic							
Purchase price	<b>R</b>						
<b>DRIVER</b>	Full name						
	Address						
	Occupation						
	Date of birth <sub>(DD/MM/YYYY)</sub>						
	Drivers licence details	No.	Date <sub>(DD/MM/YYYY)</sub>	Place	Code	Full/learner	
	Fully state the purpose for which the vehicle was being used:						
	Was he/she driving without your permission?				Yes	No	
	Was he/she in your employ?				Yes	No	
	Does he/she have motor insurance on their own car?				Yes	No	
	If yes, state policy number and insurance company						
	Details of any convictions for motoring offences						
	Has his/ her license ever been endorsed?				Yes	No	
	Does he/ she have any physical defects?				Yes	No	
	If yes, please specify						
Details of previous accidents							
<b>DAMAGE TO OTHER VEHICLES</b>	Registration number						
	Make						
	Name of owner						
	Telephone number of owner						
	Physical address of owner						
	Description of damage						
	Name of driver						
	Telephone number of driver						
	Physical address of driver						
<b>DAMAGE TO PROPERTY OTHER THAN VEHICLES</b>	Name of owner						
	Telephone number of owner						
	Physical address of owner						
	Description of loss/ damage						

<b>ACCIDENT/ LOSS</b>	Before accident		After accident	
	Speed (km/h)			
Weather conditions				
Visibility				
Road surface				
Width of road				
Were the vehicle lights on?	Yes	No	Yes	No
Street lighting	Yes	No	Yes	No
Was any warning given by the driver? eg; hooting			Yes	No
Was the driver tested for alcohol/drugs	Yes	No	Yes	No
Was the third party driver tested for alcohol/drugs?	Yes	No	Yes	No
Results of tests				

**SKETCH OF ACCIDENT**

Provide/upload a detailed sketch of how the accident occurred. Use arrows to clearly show the point of impact and indicate the direction of travel.

**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 declare the foregoing particulars to be true in every respect.

Signature of driver \_\_\_\_\_ Date \_\_\_\_\_

Signature of insured \_\_\_\_\_ Date \_\_\_\_\_

Please attach copies of drivers license 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.**

**Contact the team**



**Guardrisk 24 hour claims helpline**  
**0860 222 555** | SMS 'Help'  
**Follow the prompts.** | **to 34798**

Wait for the prompts & **choose one** of the below options:

- |  |                                     |
|--|-------------------------------------|
| <b>1</b> Towing assistance following an accident | <b>3</b> Report a motor glass claim |
| <b>2</b> Report motor vehicle theft/hijacking    | <b>4</b> Report a geyser claim      |