



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

POLICY NUMBER				
INSURED	Name			
	Business Description			
	Email address			
	Day telephone number			
	Physical Address			
ASSESSMENT DETAILS	Contact name			
	Contact number			
	Physical address where vehicle can be assessed			
VEHICLE	Make	Model	Year	Color of vehicle
	Registration number	Value	Km completed	Date of purchase
	Price vehicle purchased for	Tare	Vehicle mass	Vin number
	VIN number	Engine number	Date of licence renewal	
	If vehicle subject to hire purchase, credit or leasing agreement, state name, account number and address of finance company			
	In whose name is the vehicle registered			
GLASS DAMAGE	Windscreen tinted or clear? Shatterproof or armourplate?			
	Full description of broken or lost glass (cracked or shattered?) If lost, how lost?			
	Any sign writing on broken or lost glass?			
	Is the broken or lost glass covered by any other insurance? If so, give name of insurer			

OWN DAMAGE	Damage to own vehicle?				
	Estimate for repairs?		R		
	Is the vehicle driveable?		Yes	No	
	Where can your damaged vehicle be inspected?				
	Repairers name, address and telephone number				
DRIVER	Full name				
	Address				
	Occupation				
	Identity number				
	Driving licence	Number	Place issued	Code	Full/learner
	State the full purpose for which the vehicle was being used				
	Was he/she driving with your permission?		Yes	No	
	Was he/she in your employ?		Yes	No	
	Is he/she the owner of another vehicle? If yes, give name of insurer, policy number				
	Details of any convictions for motoring offences				
	Has licence ever been endorsed				
	Has he/she any physical defects				
Details of previous accidents					

PASSENGERS (Insured vehicle)	PASSENGERS IN INSURED VEHICLE	Full Name				
		Address				
		Injury				
		For what purpose were they carried?				
		Are they employees?		Yes	No	
THIRD PARTY	OTHER VEHICLES	Make of vehicle				
		Registration number				
		Details of damage				
		Driver name				
		Driver ID number				
		Driver telephone number				
		Owner name				
		Owner ID number				
		Owner telephone number				
PASSENGERS	PROPERTY (NOT VEHICLES)	Name, address, telephone and ID number of owner		Details of damage		
	PERSONAL INJURIES (IN OTHER VEHICLES)	Injured: Name, address, telephone and ID number	Relationship to accident eg; Driver, passenger etc	Details of injuries	Name of hospital (if applicable)	
	WITNESSES	Name, address and day telephone number		1. 2.		

ACCIDENT DETAILS	Date (DD/MM/YYYY)		Time		Place	
			Before Accident		After accident	
	Address where accident occurred					
	Speed					
	Weather conditions					
	Visibility					
	Road Surface					
	Were the vehicle lights on?		Yes	No	Yes	No
	Were the street lights on?		Yes	No	Yes	No
	Road width					
	Any warning signs on the road?		Yes	No	Yes	No
	POLICE DETAILS		Name of traffic officer		Police station /case number	
	Was the driver tested for alcohol or drugs?					
Was the third party tested for alcohol or drugs?						
Description of accident						

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.

STOLEN/ HI-JACK	Date (DD/MM/YYYY)		
	Time		
	Place		
	Police station		
	Police case no.		
	Date reported (DD/MM/YYYY)		
	Reported by		
	Circumstances (Attach separate page if necessary)		
	Was the vehicle locked? If not, for what reason?		
	Details of stolen accessories (Please attach invoices) Are these separately insured?		
	Anti-theft vehicle recovery device details	Make	
		Fitted by	
		Date (DD/MM/YYYY)	
	PLEASE ATTACH PROOF OF DEVICE		
Details of window markings	Number		
	Applied by whom?		
Details of scratches, dents, defects			
Details of other features which could assist identification			
PLEASE PROVIDE THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICE INVOICE			

AUTHORITY FOR PAYMENT	<p>It is recommended that any amount payable to you direct be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this, please provide the following information.</p> <p>ASSIGNMENT: I/ we acknowledge that the party hereby authorised to effect a credit against my/ our account may not cede or assign any of its rights at any third party without my / our prior written consent and that I / we may not delegate any of my / our obligations in terms of this contract/ authority to any third party without prior written consent of the authorised party.</p>
	Name of bank:
	Branch number:
	Account number:
	Name of account holder:
	Signature:

**INFORMATION SHARING
CONSENT OF INSURED**

You agree to share your information

Your personal information is valued by us and we respect your constitutional right to privacy. We are committed to processing your personal information in accordance to relevant legislation. We are bound by the terms and provisions of the Protection of Personal Information Act No 4 of 2013 (“POPI”) regarding the acquisition, usage, retention, transmission and deletion of your personal information.

Please be advised that your personal information herein provided by you or collected is for the primary purpose of assessing and processing your claim in respect of the loss/damage, to the insured property, which you have suffered. The information submitted on this document is subject to verification and shall be authenticated using lawful procedures. Your information shall be used in complete lawful form and manner to execute all tasks required for efficient assessment and processing of your claim. Your information shall be kept confidential; however, we shall disclose it to certain third parties in accordance with the purpose of collection. The third parties may include our service providers, agents, claim handlers, investigators, credit bureaus, Insurance Crime Burea and other insurers.

The lawful sharing of your personal information with other Insurance companies is for the following reasons:

- to ensure that not more than one claim has been made for the same damage/loss to property arising from the same set of facts
- to verify that claims information match what was provided when insurance cover was taken out
- if necessitated to act as a basis for investigating claims when our recorded information is incorrect or when we suspect fraudulent activity.

Guardrisk undertakes to attend to all that is necessary to detect and prevent fraud thus protecting our clients. Guardrisk, therefore shall utilise and disclose your personal information where essential to substantiate your claim. All third parties are fully aware and understand the purpose for which the information is being transmitted to them. No third party including Guardrisk shall use your personal information for any other purpose unless expressly consented to by you. We have implemented security measures to safeguard your personal information against damage loss and unauthorised access. Any party to whom your personal information is being disclosed to is also bound by confidentiality and the provisions of POPI, whereby security measures are enforced to safeguard your personal information.

In terms of POPI we are required to collect and process information which is authentic and accurate. You may amend, update, change or correct your personal information processed by us. You may request to view your personal information held by us and we shall make same available to you. We also store your information for the period prescribed by the Applicable Laws.

Declaration

You hereby give consent to Guardrisk to process, use, share and retain your personal information for its designated purpose. You fully understand the purpose for which your personal information has been collected and you duly consent thereto. You further consent to the lawful sharing and disclosure of your information and understand the necessity of same. You indemnify Guardrisk from any claims resulting from disclosures made with your consent.

You are fully aware and understand your rights duties and obligations to furnish Guardrisk with true and accurate information and your duty to advise Guardrisk of any changes to your personal information timeously. The said consent is given to Guardrisk with the necessary legal capacity, voluntarily and free of intimidation and duress of any form.

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

Full name of insured/claimant Date

Signature of insured/claimant Date

Full name of driver (where applicable) Date

Signature of driver (where applicable) Date

Contact the team



Guardrisk 24 hour claims helpline

0860 222 555

Follow the prompts.

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

1 Towing assistance following an accident

3 Report a motor glass claim

2 Report motor vehicle theft/hijacking

4 Report a geyser claim

Centralized emails

When **notifying Guardrisk of a new claim** please ensure you have submitted the required documentation for the claim to be validated & registered within our turn-around times.

Motor and non-motor new claims

notifyclaims@guardrisk.co.za

Accident and Health new claims

A&Hclaims@guardrisk.co.za

Sasria new claims

sasriacclaims@guardrisk.co.za

Once the **claim has been registered**, please send all correspondence including the claim number to:

Claims queries

correspondenceclaims@guardrisk.co.za



Download and save Guardrisk Claim forms and helpful hints guide.