



Guardrisk 24 hour claims helpline

0860 222 555

Follow the prompts.

**THIRD-PARTY
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

INSURED	Name			
	Claim Number			
INCIDENT	Date (DD/MM/YYYY)		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 (DD/MM/YYYY)			
	Officer Name			
DESCRIPTION OF ACCIDENT	Provide a detailed description of how the incident occurred;			

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.

DRIVER	Full Name					
	Address					
	Drivers licence details		No.	Date (DD/MM/YYYY)	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		R			
	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).

To be completed by the witness

WITNESS	Name			
	ID Number			
	Telephone Number			
	Email Address			
	Physical Address			
INCIDENT	Date (DD/MM/YYYY)		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

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



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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.