GUARDRISK
TAILORED RISK SOLUTIONS

GUARDRISK 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 notifyclaims@guardrisk.co.za

Policy number

SECTION 1: INSURED

Insured name

Business description

Email address

Cell number

Physical address

SECTION 2: INCIDENT DETAILS

Date of incident

Place where incident occurred

Date the loss was discovered

Witness Section

Name of witness

Cell number

Physical address

Police reference no.

Police station

Date reported

Officer name

Click here for a list of police stations.

Description of accident

SECTION 4: CLAIM

If a claim has been made; or is being made against you, provide details and attach correspondence

SECTION 5: PUBLIC LIABILITY

Property Damage

Name of owner | Cell number

Description of loss

Personal injuries

Name of injured person | Age of injured person

Physical address | Details of injury

Relationship

If any individual mentioned above is your employee, tenant, or has a familial connection to you, please share the relevant details.

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

SECTION 6: MOTOR LIABILITY

Damage to own vehicle Yes No | Details of damage

Make | Year | Model | Color | Km

Registration number | Value | Tare | Vehicle mass

Date of purchase | Vin number | Licence renewal date

Price vehicle purchased for | Engine number

Full name of driver | Contact number

Physical address

Occupation | ID number | Code

Drivers licence number | Place of issue

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

Has his/ her license ever been endorsed? Yes No | Does he/ she have any physical defects? Yes No

Details of previous accidents

SECTION 7: DAMAGE TO OTHER VEHICLES

Description of damage

Make | Year | Model | Color

Registration number | Value | Km

Full name of **owner** | Contact number

Physical address

Full name of **driver** | Contact number

Physical address

Damage to property other than vehicles

Full name of **owner** | Contact number

Physical address

Description of loss/ damage

SECTION 8: ACCIDENT DETAILS

Date | Time | Place

	Before accident	**After accident**
Address where accident occurred		
Speed conditions		
Weather conditions		
Visibility conditions		
Road surface condition		
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 officer name | Police station/case number

Was the **driver** tested for alcohol and drugs? No

Was the **third-party** tested for alcohol and drugs? No

Description of the accident

SECTION 9: SKETCH OF THE ACCIDENT

Please upload *all photographs, images, and sketches that illustrate how the accident took place.* ***You can upload your images by clicking on the icons below.***

AUTHORITY FOR PAYMENT

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.

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.

Name of bank

Branch number

Account number

Name of bank

Name of account holder

Signature

SECTION 9: SKETCH OF THE 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.*

AUTHORITY FOR PAYMENT

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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.

Name of bank

Branch number

Account number

Name of account holder

Signature

INFORMATION SHARING | CONSENT OF INSURED

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 Bureau 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 aforegoing particulars to be true in every respect.

Full name of insured/claimant		Signature	
Full name of driver *(where applicable)*		Signature	