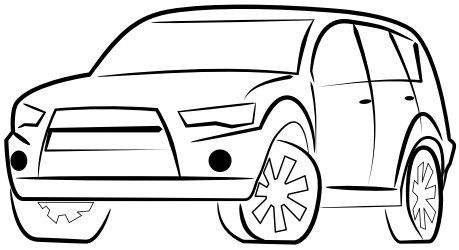
GUARDRISK
TAILORED RISK SOLUTIONS

GUARDRISK MOTOR 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

Cell number

Business description

Physical address

Email address

SECTION 2: VEHICLE DETAILS

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

Is the vehicle subject to hire purchase, credit or leasing agreement? If yes, state name, account number and address of finance company.

Type of agreement | Account number

Address of finance company

In whose name is the vehicle registered

SECTION 3: GLASS DAMAGE

Windscreen ◯ Tinted ◯ Clear ◯ Shatterproof ◯ Armourplate

Full description of broken or lost glass (cracked or shattered?) If lost, how lost?

Any sign writing on broken or lost glass? ◯ Yes ◯ No

Is the broken or lost glass covered by any other insurance? If so, give name of insurer

SECTION 4: OWN DAMAGE

Damage to own vehicle ◯ Yes ◯ No

Is the vehicle driveable? ◯ Yes ◯ No

Estimate for repairs **R**

Where can your damaged vehicle be inspected?

Repairer name

Contact number

Physical address

SECTION 5: DRIVER DETAILS

Full name of driver

Contact number

Physical address

Occupation

ID number

Code

Drivers licence number

Place of issue

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 their licence ever been endorsed? ◯ Yes ◯ No

Has he/she any physical defects? ◯ Yes ◯ No

Details of previous accidents

SECTION 6: PASSENGERS (INSURED VEHICLE)

Full name of passenger

Physical address

Injury

What was their purpose for being in the vehicle?

Were they employees ◯ Yes ◯ No

SECTION 7: THIRD-PARTY

Make

Registration number

Driver name

Driver ID number

Contact number

Owner name

Owner ID number

Owner contact number

SECTION 7: THIRD-PARTY PASSENGERS

Passenger name | Contact number

Passenger ID number

Details of damage

Personal injuries in third-party vehicle ◯ Yes ◯ No

Name	Contact number	Details of injury	Hospital (if applicable)

Witnesses ◯ Yes ◯ No

Name	Contact number	Physical address

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? ◯ Yes ◯ No

Was the **third-party** tested for alcohol and drugs? ◯ Yes ◯ 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.***

SECTION 10: STOLEN/HI-JACKED VEHICLE

Date Time Place

Police station Police case no. Date reported

Reported by Circumstances *(Attach separate page if necessary)*

Was the vehicle locked? If not, for what reason? ◯ Yes ◯ No

Details of stolen accessories *(Please attach invoices)* Are these separately insured? ◯ Yes ◯ No

Anti-theft vehicle recovery device details - please attach proof of device

Make Fitted by Date

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

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

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	