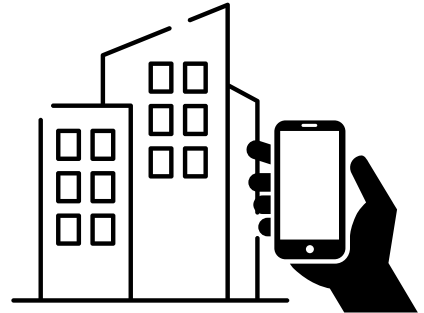


GUARDRISK **PROPERTY DAMAGE** CLAIM FORM

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: LOSS/DAMAGE OCCURENCE

Date of loss

Time of loss

When was loss discovered?

Location of the loss

Were the premises occupied?

Yes

No

If yes, by whom?

Last occupied date

Purpose of the occupation

Describe fully how the loss or accident occurred, stating how *(if applicable)* entry was gained to the premises.

If loss/damage was caused by another party, please provide details;

Full name and surname

Full name and surname

Have you previously suffered loss/damage?

Yes

No

If yes, provide details

If insured, provide details of Insurer

SECTION 3: POLICE DETAILS

Police reference number

Police station

Date reported

Click here for a list of police stations.

Officer name



SECTION 4: OTHER

Are there any other parties with an interest in the property? ie; Credit agreement.

If yes, provide details.

Is there any other insurance covering this loss/damage?

If yes, provide details.

Estimated total value of all property insured under the policy

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 account holder

Signature



STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

Please attach a copy of Assets listing and proof of purchase.

No.	Description of property (Serial and assets no.)	Date acquired	Purchased/acquired from	Amount claimed

**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 foregoing particulars to be true in every respect.

Full name of insured/claimant

Signature

Full name of driver (*where applicable*)

Signature