

A subsidiary of MMI Holdings

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	
	Telephone number	
	Physical address	
INCIDENT	Date and time	
	Place where incident occurred	
	When was the loss discovered?	
WITNESS	Name	
	Telephone number	
	Physical address	
POLICE	Police reference number	
	Police station	
	Date reported	
	Officer name	
DESCRIPTION OF ACCIDENT	Provide a detailed description of how the incident occurred	

Note:

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

PUBLIC LIABILITY

PROPERTY DAMAGE	Name of owner	
	Telephone number of owner	
	Description of loss/ damage	
PERSONAL INJURIES	Name of injured persons	
	Age of injured persons	
	Physical address of injured person	
	Details of injuries	
RELATIONSHIP	If any person named above is in your service, or your tenant, or related to you, give full details	

MOTOR LIABILITY

DAMAGE TO OWN VEHICLE	Damage to own vehicle?	Yes		No			
	Description of damage						
	DETAILS	Make					
		Tare					
		Gross vehicle mass					
		Km completed					
		Registration number					
Value							
Model and year							
Manual/ Automatic							
Purchase price							
DRIVER	Full name						
	Address						
	Occupation						
	Date of birth						
	Drivers licence details	No.	Date	Place	Code	Full/learner	
	State fully the purpose for which the vehicle was being used						
	Was he/ she driving without your permission?	Yes		No			
	Was he/ she in your employ?	Yes		No			
	Does he/ she have motor insurance on their own car?	Yes		No			
	If yes, state policy number and insurance company						
	Details of any convictions for motoring offences						
	Has his/ her license ever been endorsed?	Yes		No			
	Does he/ she have any physical defects?	Yes		No			
If yes, please specify							
Details of previous accidents							
DAMAGE TO OTHER VEHICLES	Registration number						
	Make						
	Name of owner						
	Telephone number of owner						
	Physical address of owner						
	Description of damage						
	Name of driver						
	Telephone number of driver						
Physical address of driver							
DAMAGE TO PROPERTY OTHER THAN VEHICLES	Name of owner						
	Telephone number of owner						
	Physical address of owner						
	Description of loss/ damage						

ACCIDENT/ LOSS		Before accident		After accident	
	Speed (km/h)				
	Weather conditions				
	Visibility				
	Road surface				
	Width of road				
	Where the vehicle lights on?	Yes	No	Yes	No
	Street lighting	Yes	No	Yes	No
	Was any warning given by the driver? eg; hooting				
	Was the driver tested for alcohol/ drugs?	Yes	No	Yes	No
	Was the third party driver tested for alcohol/ drugs?	Yes	No	Yes	No
Results of tests					

SKETCH OF ACCIDENT

Provide detailed sketch of how the accident occurred. Use arrows to clearly show the point of impact and indicate the direction of travel.

INFORMATION SHARING - CONSENT OF INSURED

You agree to share your information

1. I acknowledge that sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the best interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.
2. I waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me, This is on my own behalf as well as on the behalf of any person I represent in terms of this insurance policy.
3. I acknowledge that the Insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit.
4. I consent to such information being disclosed to any other insurance company or its agent
5. I acknowledge that the information may be verified against legally recognised sources or database.

DECLARATION

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

Signature of driver Date

Signature of insured Date

Please attach copies of drivers license and page 1 of drivers identity document.

N.B IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY WHEN YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.