



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 (DD/MM/YYYY)	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		

CLAIM	If a claim has been made; or is being made against you, provide details and attach 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, your tenant, or related to you, please provide full details	

MOTOR LIABILITY

DAMAGE TO OWN VEHICLE	Damage to own vehicle?	Yes			No		
	Description of damage						
	Details of vehicle	Make					
		Tare					
		Gross vehicle mass					
		Km completed					
		Registration number					
		Value	R				
Model and year							
Manual/ Automatic							
Purchase price	R						
DRIVER	Full name						
	Address						
	Occupation						
	Date of birth _(DD/MM/YYYY)						
	Drivers licence details	No.	Date _(DD/MM/YYYY)	Place	Code	Full/learner	
	Fully state 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				
	Were the vehicle lights on?	Yes	No	Yes	No
	Street lighting	Yes	No	Yes	No
	Was any warning given by the driver? eg; hooting			Yes	No
	Was the driver tested for alcohol/drugs			Yes	No
	Was the third party driver tested for alcohol/ drugs?			Yes	No
	Results of tests				

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.

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



Guardrisk 24 hour claims helpline

0860 222 555

Follow the prompts.

Wait for the prompts & choose one of the below options:

- 1 Towing assistance following an accident
- 2 Report motor vehicle theft/hijacking
- 3 Report a motor glass claim
- 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:

Registered claims

correspondenceclaims@guardrisk.co.za



Scan here