



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 | | | |
| | Day telephone number | | | |
| | Physical Address | | | |
| ASSESSMENT DETAILS | Contact name | | | |
| | Contact number | | | |
| | Physical address where vehicle can be assessed | | | |
| VEHICLE | Make | Model | Year | Color of vehicle |
| | Registration number | Value | Km completed | Date of purchase |
| | Price vehicle purchased for | Tare | Vehicle mass | Vin number |
| | VIN number | Engine number | Date of licence renewal | |
| | If vehicle subject to hire purchase, credit or leasing agreement, state name, account number and address of finance company | | | |
| | In whose name is the vehicle registered | | | |
| | GLASS DAMAGE | | | |
| Windscreen tinted or clear? Shatterproof or armourplate? | | | | |
| Full description of broken or lost glass (cracked or shattered?) If lost, how lost? | | | | |
| Any sign writing on broken or lost glass? | | | | |
| Is the broken or lost glass covered by any other insurance? If so, give name of insurer | | | | |

| | | | | | |
|-------------------------------|--|--------|--------------|------|--------------|
| OWN DAMAGE | Damage to own vehicle? | | | | |
| | Estimate for repairs? | | R | | |
| | Is the vehicle driveable? | | Yes | No | |
| | Where can your damaged vehicle be inspected? | | | | |
| | Repairers name, address and telephone number | | | | |
| DRIVER | Full name | | | | |
| | Address | | | | |
| | Occupation | | | | |
| | Identity number | | | | |
| | Driving licence | Number | Place issued | Code | Full/learner |
| | | | | | |
| | 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 licence ever been endorsed | | | | |
| | Has he/she any physical defects | | | | |
| Details of previous accidents | | | | | |

| | | | | | | | |
|---|--|---|--|--|----|---------------------|----------------------------------|
| PASSENGERS (Insured vehicle) | PASSENGERS IN INSURED VEHICLE | Full Name | | | | | |
| | | Address | | | | | |
| | | Injury | | | | | |
| | | For what purpose were they carried? | | | | | |
| | | Are they employees? | | Yes | No | | |
| THIRD PARTY | OTHER VEHICLES | Make of vehicle | | | | | |
| | | Registration number | | | | | |
| | | Details of damage | | | | | |
| | | Driver name | | | | | |
| | | Driver ID number | | | | | |
| | | Driver telephone number | | | | | |
| | | Owner name | | | | | |
| | | Owner ID number | | | | | |
| | | Owner telephone number | | | | | |
| PASSENGERS | PROPERTY (NOT VEHICLES) | Name, address, telephone and ID number of owner | | Details of damage | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | PERSONAL INJURIES (IN OTHER VEHICLES) | Injured: Name, address, telephone and ID number | | Relationship to accident eg; Driver, passenger etc | | Details of injuries | Name of hospital (if applicable) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | WITNESSES | Name, address and day telephone number | | 1. 2. | | | |

| | | | | | | |
|--------------------------------|--|--|-------------------------|----|-----------------------------|----|
| ACCIDENT DETAILS | Date (DD/MM/YYYY) | | Time | | Place | |
| | | | | | | |
| | | | Before Accident | | After accident | |
| | Address where accident occurred | | | | | |
| | Speed | | | | | |
| | Weather conditions | | | | | |
| | Visibility | | | | | |
| | Road Surface | | | | | |
| | 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 DETAILS | | Name of traffic officer | | Police station /case number | |
| | | | | | | |
| | Was the driver tested for alcohol or drugs? | | | | | |
| | Was the third party tested for alcohol or drugs? | | | | | |
| Description of accident | | | | | | |

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.

| | | | |
|---|--|-------------------|--|
| STOLEN/ HI-JACK | Date (DD/MM/YYYY) | | |
| | Time | | |
| | Place | | |
| | Police station | | |
| | Police case no. | | |
| | Date reported (DD/MM/YYYY) | | |
| | Reported by | | |
| | Circumstances (Attach separate page if necessary) | | |
| | Was the vehicle locked? If not, for what reason? | | |
| | Details of stolen accessories (Please attach invoices) Are these separately insured? | | |
| | Anti-theft vehicle recovery device details | Make | |
| | | Fitted by | |
| | | Date (DD/MM/YYYY) | |
| | PLEASE ATTACH PROOF OF DEVICE | | |
| 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 | <p>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.</p> <p>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.</p> <p>Name of bank:</p> <p>Branch number:</p> <p>Account number:</p> <p>Name of account holder:</p> <p>Signature:</p> |
|------------------------------|---|

**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

3 Report a motor glass claim

2 Report motor vehicle theft/hijacking

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:

Claims queries

correspondenceclaims@guardrisk.co.za



Download and save Guardrisk Claim forms and helpful hints guide.