

GLASS CLAIM

Broker/Agent _____ Policy number _____ VAT reg. number _____

Insured	Name and occupation	_____	
	Address and daytime phone number	_____	
Occurrence	Date and time of loss/damage	_____	
	When was the loss/damage discovered	_____	
Premises	Address of premises where breakage occurred	_____	
	Were premises occupied	YES	NO
	If YES, by whom	_____	
Occurrence	Purpose for which occupied	_____	
	Cause of breakage	_____	
	Name and address of person responsible for breakage	_____	
	Name and address of witness	_____	
Vehicle	Vehicle make and registration number	_____	
	Model and year	_____	
	Windscreen tinted or clear and shatterproof or armour plate	_____	
	Driver's name and licence number	_____	
	Place and date of issue	_____	
Details of broken glass	Full description of broken glass	_____	
	Size and thickness in millimetres	_____	
	Cracked or shattered	Cracked	Shattered
	Any signwriting on broken glass	YES	NO
Value	Total value of all insured glass	R	_____
	When last valued	_____	
Other insurance	Is there any other insurance covering the broken glass	YES	NO
	If so, please give the name of the insurer	_____	
Declaration	I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.		

Insured's signature _____ Capacity _____ Date _____

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.

Smartsure undertakes to attend to all that is necessary to detect and prevent fraud thus protecting our clients. Smartsure, 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 Smartsure 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 Smartsure 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 Smartsure from any claims resulting from disclosures made with your consent.

You are fully aware and understand your rights duties and obligations to furnish Smartsure with true and accurate information and your duty to advise Smartsure of any changes to your personal information timeously. The said consent is given to Smartsure 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