

MOTOR ACCIDENT CLAIM

INSURED AND BROKER DETAILS

Policy no. _____ Broker _____

Insured Name _____ ID no./Co. reg. no. _____

Occupation _____ Tel no. W _____ H _____

Email address _____ Cell _____ Fax _____

Physical address _____ Code _____

VEHICLE

Make _____ Model _____ Year _____

Kilometres completed _____ Registration no. _____

Registered Owner _____

Is the vehicle subject to a Hire Purchase, Credit or Leasing Agreement YES NO

If YES, Name of finance company _____ Account no. _____

Physical address or branch _____

DRIVER

Full name _____ Identity no. _____

Address _____ Contact no. _____

Code _____

Driver's Licence

Code _____ Date of first issue (DD/MM/YYYY) _____ Endorsements _____

Who is the principal (regular) driver of this vehicle – please mark Insured Spouse Other

If other, please specify _____

State fully the purpose for which the vehicle was being used _____

Was the driver driving with your permission Please mark YES NO N/A

Was the driver in your employ Please mark YES NO N/A

Does the driver have any motor insurance on his/her own vehicle Please mark YES NO N/A

If YES, state company _____ Policy no. _____

Details of previous accidents of the driver (specify) _____

Details of any convictions for motoring offences _____

PERSONS INJURED IN INSURED VEHICLE (Please remember to advise the Road Accident Fund)

| Name | Driver or Passenger | Details of injuries | Name of hospital if applicable |
|-------|---------------------|---------------------|--------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

For what purpose were they being transported _____

Are they employees _____

THIRD PARTY INJURIES (Persons injured other than in the Insured Vehicle)

| Name | Driver/Passenger or pedestrian | Details of injuries | Name of hospital if applicable |
|-------|--------------------------------|---------------------|--------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

THIRD PARTY INFORMATION/VEHICLE OR PROPERTY DAMAGE (This is compulsory for recovery purposes)

VEHICLE 1 Make and model _____ Year _____ Registration no. _____
 Name of driver _____ Name of owner _____
 Owner's address _____ Contact no. _____

Insurance Details

Policy no. _____ Insurance company _____
 Contact no. _____ Contact person _____

VEHICLE 2 Make and model _____ Year _____ Registration no. _____
 Name of driver _____ Name of owner _____
 Owner's address _____ Contact no. _____

Insurance Details

Policy no. _____ Insurance company _____
 Contact no. _____ Contact person _____

DAMAGE TO PROPERTY (NON-MOTOR)

| Name of Owner | Address of Owner | Details of Damage |
|---------------|------------------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

WITNESSES (This section is compulsory for recovery purposes)

| Name | Address | Contact Details | Passenger (YES/NO) |
|-------|---------|-----------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

ACCIDENT DETAILS

DAMAGE

Area of damage to own vehicle _____
 Estimate for repairs or attach quotation R _____
 Repairer's name _____ Contact no. _____
 Address _____
 Date of accident (DD/MM/YYYY) _____ Time of accident (hh:mm) _____
 Physical address where accident occurred _____

Speed:

Before accident _____ Moment of impact _____

Conditions: (please mark)

| | | | | | |
|-----------------|-----|------|---------------|--------|----------|
| Weather | WET | DRY | Visibility | GOOD | POOR |
| Road surface | TAR | DIRT | Width of road | SINGLE | MULTIPLE |
| Street lighting | YES | NO | | | |

Police details:

Did the police attend the scene YES NO

Name of police/traffic officer who recorded details of accident _____

Police station _____ Reference no. _____

Date reported to the police _____

Was the driver tested for alcohol/drugs YES NO

Full description of accident

Sketch of accident

(Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident.)

**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

Full name of driver (where applicable) Date

Signature of driver (where applicable) Date