

# OWN DAMAGE AND GIT CLAIM

A - INSURER	Policy Number:			
	Broker details:			
A - INSURED	Company name :			
	Address & Phone No.:			
	Electronic mail address			
A - TOWING	Were the vehicles towed:	Yes / No		
	If Yes, by whom :			
B - VEHICLE DETAILS (TRUCK)	Make:		Year model:	
	Model:		Value:	
	Registration number:		Kilometres Completed:	
	Engine No.:		Vin / Chassis No.:	
	Drive Cam or monitoring system fitted to the vehicle:	Yes / No	Please confirm:	
	If vehicle subject to finance, state: Company & Account number?			
B - DAMAGE	Damage to own property / vehicle:	Yes / No	Estimate for damage / repairs:	R
	Where can the damaged item / vehicle be inspected? (Please supply a name, address & telephone no):			
B - VEHICLE DETAILS (TRAILER 1)	Make:		Year model:	
	Model:		Value:	
	Registration number:		Kilometres Completed:	
	Engine No.:		Vin / Chassis No.:	
	If vehicle subject to finance, state: Company & Account number?			
B - DAMAGE	Damage to own property / vehicle:	Yes / No	Estimate for damage / repairs:	R
	Where can the damaged item / vehicle be inspected? (Please supply a name, address & telephone no):			
- VEHICLE DETAILS (TRAILER 2)	Make:		Year model:	
	Model:		Value:	
	Registration number:		Kilometres Completed:	
	Engine No.:		Vin / Chassis No.:	

<b>B</b>	If vehicle subject to finance, state: Company & Account number?					
	<b>B - DAMAGE</b>	Damage to own property / vehicle:	Yes / No	Estimate for damage / repairs:	R	
Where can the damaged item / vehicle be inspected? (Please supply a name, address & telephone no):						
<b>B - LOAD</b>	Was there a load at the time of the loss :		Yes / No			
	If Yes, description of the goods:					
<b>B - DRIVER</b>	Full name of driver:					
	Address & telephone number:					
	Date of Birth:		DD - MM - YYYY	Occupation:		
	Driving Licence / PDP:	Number:	Date:	Place:	Code:	Full or Learner:
	State fully the purpose for which the vehicle was being used:					
	Was he/she driving with your permission?					
	Has he/she any motor insurance on own car? If yes, state policy details / number & company.					
Details of any conviction for motoring offences (if applicable):						
<b>B - PASSENGERS</b>	Passengers in Insured vehicle:		Name and age:	Address & telephone number:	Injury:	
	For what purpose were they transported?					
	Are they employees?		Yes / No (If "Yes" & necessary use separate page)			
<b>B- PERSONAL ACCIDENT</b>	Were there any fatalities in insureds vehicle:		Yes / No (If "Yes", please complete the Personal Accident claim form)			
	Was anyone in the insureds vehicle hospitalised:		Yes / No (If "Yes", please complete the Personal Accident claim form)			
<b>B - OTHER PARTY</b>	Damage to other vehicles	Name, Contact No. & Address of Owner & Driver		Insurer (Other party) & Policy no.		Make & Registration number
	Damage to property other than vehicle	Name, Contact No. & Address of Owner				Details of damage:

	Personal injuries (other than in insured vehicle)	Name of Injured:	Relationship to accident e.g. Driver, Passenger etc.	Details of injuries:	Name of hospital if applicable:	
<b>B or C – WITNESS</b>	Full name:		Address & telephone number:			
<b>C – THEFT / BURGLARY</b>	Date:	DD – MM - YYYY				
	Time:	HH - MM				
	Place: (of theft burglary)					
	Was property / vehicle locked?					
	Police station, telephone & reference no.:					
	Vehicle, Engine & Chassis no.:	Truck :				
	Vehicle, Engine & Chassis no.:	Trailer 1 :				
	Vehicle, Engine & Chassis no.:	Trailer 2 :				
	Distinct Markings:					
	If accessories or items stolen, provide full details: (if necessary use separate page)					
<b>A – INCIDENT</b>	Date:	DD – MM - YYYY	Time:	HH-MM		
	Place:	City / Town		Street		
	Speed:	Before accident (K/ph):		Moment of impact (K/ph):		
	Weather	Conditions:		Visibility:		
	Lights on/off?	Vehicle:		Street lights:		
	Road surface:	Gravel: Yes / No Tarmac: Yes / No Yes / No Other:		Cement	Double carriage way: Yes / No Single carriage way: Yes / No Other:	
	Warnings given by you? (e.g. hooting, indicator) :					
Police Details	Name of Police/Traffic officer who recorder details of accident:		Police station, telephone & reference number:			

	Invoice Details		
	Was driver tested for alcohol or drugs?	Yes / No	Result of test:
<b>A - DESCRIPTION OF INCIDENT</b>	Accident / Incident description: (if necessary use separate page)		
<b>A - SKETCH OF ACCIDENT</b>	Sketch of Accident/Scene of incident: (if necessary use separate page)		
<b>D - GOODS IN TRANSIT</b>	Commodity:		
	Invoice Value of Total Consignment:		Priced claim:
	Name and Address of Consignor from where goods were dispatched:		
	Date dispatched:		
	Name and address of Consignee where goods were delivered or meant to be delivered:		
	Date Delivered or meant to be delivered :		
	Were delivery notes endorsed as to the condition of the goods at time of delivery:		
	Total Number of Packages:		Total Weight:
	Name and Address where survey can be conducted:		
	Contact Person		Contact number:
	Did you act as the principle contractor or as a sub-contractor:		
	If as sub-contractor, who contracted you:		
	Did you contract in terms of any Standard Trading Conditions:	Yes / no	If so, please provide a copy thereof.

If not, please confirm details details of contract entered into between yourself and the consignor and/or the Principle Contractor with specific reference to liability for loss and or damage and insurance requirements.

Have you received a formal priced claim from the Cargo Owner or Principle Contractor:

Yes / No

**A – DECLARATION**

**I/We hereby warrant the foregoing particulars to be correct, true and accurate in every respect.**

**I/We accept and understand that any false or incorrect information could severely prejudice the validity of the claim.**

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

(Signature of Driver)

\_\_\_\_\_

Date:

DD - MM - YYYY

(Signature of Insured)

\_\_\_\_\_

Date:

DD - MM - YYYY

Capacity

\_\_\_\_\_

NB: It is important that you notify the Insurers immediately you become aware of any impending prosecution, inquest or demand.

## 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 \_\_\_\_\_