

PROPERTY LOST, STOLEN OR DAMAGED CLAIM

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

Insured Name and occupatio _____
Address and daytime phone number _____

Loss/Damage occurrence Date and time of loss/damage _____
When was the loss/damage discovered _____

Loss/Damage place Place where loss/damage occurred _____
Were premises occupied _____
If so, by whom _____
If not occupied, when last occupied _____
Purpose of occupatio _____

Cause of loss/damage Describe fully how the loss/damage occurred, stating how (if applicable) entry was gained to premises _____
If loss/damage was caused by another party, give name and address _____

Was the alarm activated prior to the loss/damage _____
Have you requested the alarm report from your security company _____

Previous loss/damage Have you previously suffered loss/damage _____
If so, give details _____
If insured, provide name of Insurer _____

Police Police statio _____
Police reference number _____
Date reported to Police _____

Other interest Has any other party an interest in the insured property, e.g. Credit Agreement _____
If so, give name and interest _____

Other insurance Is there any other insurance covering this loss/damage _____
If so, give name of Insurer _____
Estim ted total value of all the property insured under the policy R _____
When last valued _____

Payment method You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.
Name of bank _____ Branch _____
Name of account _____ Account number _____

Declaratio 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 _____

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate.

Number	Description of property	Date acquired	From whom purchased or acquired	Value	Amount claimed
				R	R
				R	R
				R	R
				R	R
				R	R
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				R	R

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