

# MOTOR CLAIM FORM

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 newclaims@smartsure2020.co.za

Policy Number \_\_\_\_\_

## INSURED

Name \_\_\_\_\_ Business description \_\_\_\_\_

Email address \_\_\_\_\_ Day tel no. \_\_\_\_\_

Physical Address \_\_\_\_\_

## VEHICLE

Make \_\_\_\_\_ Tare \_\_\_\_\_ Vehicle mass \_\_\_\_\_ Km completed \_\_\_\_\_

Reg number \_\_\_\_\_ Value \_\_\_\_\_ Model and year \_\_\_\_\_ Date of purchase price \_\_\_\_\_

VIN number \_\_\_\_\_ Engine number \_\_\_\_\_ Colour \_\_\_\_\_ Date of license 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? \_\_\_\_\_

Is the vehicle driveable? YES  NO

Where can the damaged vehicle be inspected? \_\_\_\_\_

Repairer's name, address and telephone number \_\_\_\_\_

## DRIVER

Full name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Identity number \_\_\_\_\_

Driving license \_\_\_\_\_ 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 \_\_\_\_\_

**DRIVER (cont.)**

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 and registration number \_\_\_\_\_

Driver name \_\_\_\_\_

Driver Identity no \_\_\_\_\_ Telephone no \_\_\_\_\_

Owner name \_\_\_\_\_

Owner Identity no \_\_\_\_\_ Telephone no \_\_\_\_\_

Details of damage \_\_\_\_\_

**PASSENGERS**

Property (not vehicles)

Owner name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Identity no \_\_\_\_\_

Details of damage \_\_\_\_\_

**Personal injuries (in other vehicles)**

Injured name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Identity no \_\_\_\_\_

Relationship to accident eg. Driver, passenger etc \_\_\_\_\_

Details of injuries \_\_\_\_\_

Name of hospital (if applicable) \_\_\_\_\_

**WITNESSES**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Day tel no \_\_\_\_\_

**ACCIDENT DETAILS**

Before accident

Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_  
 Speed \_\_\_\_\_ Weather conditions \_\_\_\_\_  
 Visibility \_\_\_\_\_ Road Surface \_\_\_\_\_ Road Width \_\_\_\_\_  
 Were the vehicle lights on? YES  NO   
 Were the street lights on? YES  NO   
 Any warning signs on the road? YES  NO

After accident

Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_  
 Speed \_\_\_\_\_ Weather conditions \_\_\_\_\_  
 Visibility \_\_\_\_\_ Road Surface \_\_\_\_\_ Road Width \_\_\_\_\_  
 Were the vehicle lights on? YES  NO   
 Were the street lights on? YES  NO   
 Any warning signs on the road? YES  NO

**POLICE DETAILS**

Was the driver tested for alcohol or drugs? \_\_\_\_\_  
 Was the third party tested for alcohol or drugs? \_\_\_\_\_

Any warning signs on the road?	Yes	No	Yes	No
<b>POLICE DETAILS</b>	Name of traffic officer		Police station and case number	

**DESCRIPTION OF ACCIDENT**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SKETCH OF ACCIDENT**

Please show clearly the point of impact and indicate the direction of travel by arrows. Give details.

**STOLEN/ HI-JACK**

Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

Police Station \_\_\_\_\_ Case no \_\_\_\_\_

Date reported \_\_\_\_\_ 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 \_\_\_\_\_

**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**

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.

**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.

Name of bank \_\_\_\_\_ Name of account holder \_\_\_\_\_  
 Account number \_\_\_\_\_ Branch number \_\_\_\_\_  
 Signature \_\_\_\_\_

**INFORMATION SHARING - CONSENT OF INSURED**

**You agree to share your information.**

1. I acknowledge that sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the best interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.
2. I waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me, This is on my own behalf as well as on the behalf of any person I represent in terms of this insurance policy.
3. I acknowledge that the Insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit.
4. I consent to such information being disclosed to any other insurance company or its agent
5. I acknowledge that the information may be verified against legally recognised sources or database.

**DECLARATION**

I/ we hereby acknowledge that Sasfin HRS (Pty) Ltd may make an enquiry , where applicable, to the South African Crime Burea or their authorised representatives to obtain any information or detail as being reported on this claim form.

I/ we hereby declare that the afore going particulars to be true in every respect.

Signature of driver \_\_\_\_\_ Date \_\_\_\_\_

Signature of insured \_\_\_\_\_ Date \_\_\_\_\_

**Please provide copies of drivers licence and page 1 of drivers identity document.**

**N.B IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY WHEN 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 .....