

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	Code
Contact no.	

DRIVER'S LICENSE

Code	Date of first issue (DD/MM/YYYY)	Endorsements		
Who is the principal (regular) driver of this vehicle?	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?	YES	NO	N/A	
Was the driver in your employ?	YES	NO	N/A	
Does the driver have any motor insurance on his/her own vehicle?	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

MOTOR ACCIDENT CLAIM

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?

YES

NO

THIRD PARTY INJURIES (PERSONS INJURED OTHER THAN IN THE INSURED VEHICLE)

Name	Driver or Passenger	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
---------------	------------------	-------------------

MOTOR ACCIDENT CLAIM

WITNESSES (THIS SECTION IS COMPULSORY FOR RECOVERY PURPOSES)

Name	Address	Contact Details	Passenger	
			YES	NO
			YES	NO
			YES	NO
			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

YES NO

Police station

Reference no.

Date reported to the police

Was the driver tested for alcohol/drugs

YES NO

FULL DESCRIPTION OF ACCIDENT

MOTOR ACCIDENT CLAIM

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.)



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 Bureau 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