

OWN DAMAGE AND GIT CLAIM FORM

CLAIM FORM

A & B - To be completed in all instances

C - To be completed in case of Theft related claims

D - To be completed in case of Goods in Transit related claims

A INSURER

Policy Number:

Broker details:

A INSURED

Company name :

Address

Phone No.:

Email address

A TOWING

Were the vehicles towed:

YES

NO

If Yes, by whom :

B VEHICLE DETAILS (TRUCK)

Make:

Year model:

Model:

Value:

R

Registration number:

Km 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

Acc. number

B DAMAGE

Damage to own property / vehicle:

YES

NO

Estimate for damage /repairs:

Where can the damaged item / vehicle be inspected?

Name

Telephone No.

Address

B VEHICLE DETAILS (TRAILER 1)

Make:

Year model:

Model:

Value:

R

Registration number:

Km Completed:

Engine No.:

Vin / Chassis No.:

If vehicle subject to finance, state:

Company

Acc. number

B DAMAGE

Damage to own property / vehicle:

YES

NO

Estimate for damage /repairs:

Where can the damaged item / vehicle be inspected?

Name

Telephone No.

Address

OWN DAMAGE AND GIT CLAIM FORM

B VEHICLE DETAILS (TRAILER 2)

Make:	Year model:	
Model:	Value:	
Registration number:	Km Completed:	
Engine No.:	Vin / Chassis No.:	
If vehicle subject to finance, state:	Company	Acc. number

B DAMAGE

Damage to own property / vehicle:	YES	NO	Estimate for damage /repairs:
Where can the damaged item / vehicle be inspected?			
Name	Telephone No.		
Address			

B LOAD

Was there a load at the time of the loss :	YES	NO
If Yes, description of the goods:		

B DRIVER

Full name of driver:						
Address					Telephone No.	
Date of Birth:			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?			YES	NO		
Has he/she any motor insurance on own car?			YES	NO		
If yes:	Insurance Company		Policy Number			
Details of any conviction for motoring offences (if applicable):						

B PASSENGERS

Passengers in Insured vehicle:	Name and age:	Address & telephone number:	Injury:
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For what purpose were they transported?

Are they employees? YES NO (If Yes & necessary use separate page)

B PERSONAL ACCIDENT

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)

OWN DAMAGE AND GIT CLAIM FORM

B OTHER PARTY

	Name, Contact No. & Address of Owner & Driver	Insurer (Other party) & Policy no.	Make & Registration number
Damage to other vehicles			
	Name, Contact No. & Address of Owner	Details of damage:	
Damage to property other than vehicle			
	Name of Injured:	Relationship to accident e.g. <i>Driver, Passenger etc.</i>	Name of hospital if applicable:
Personal injuries (other than in insured vehicle)		Details of injuries:	

B OR C WITNESS

Full name: _____ Address & telephone number: _____

C THEFT/BURGLARY

Date:	Time:
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: <i>(if necessary use separate page)</i>	

OWN DAMAGE AND GIT CLAIM FORM

A INCIDENT

Date:					Time:		
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	Double carriage way	YES	NO	
	Tarmac	YES	NO	Single carriage way	YES	NO	
	Cement	YES	NO	Other			
	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 No.	
Was driver tested for alcohol or drugs?	YES	NO	Result of test:				

A DESCRIPTION OF INCIDENT

Accident / Incident description: (if necessary use separate page)

A SKETCH OF ACCIDENT

Sketch of Accident/Scene of incident: (if necessary use separate page)

OWN DAMAGE AND GIT CLAIM FORM

D GOODS IN TRANSIT

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:

YES NO

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:

YES NO

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

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