

## PERSONAL LIABILITY CLAIM

1. Complete this form in detail and return it to the Company without delay.
2. A person making a claim against you must not be advised that you are insured or as to the terms and extent of your insurance.
3. All claims made against you must be advised to the Company immediately on receipt and all communications forwarded unanswered to the Company.
4. The Company will subject to the terms and conditions of the policy undertake your defence in any legal action and all notices or advice of such action must be forwarded to the Company forthwith.
5. The issue of this form must not be considered as an admission of liability on the part of the Company, but is in accordance with the terms and condition of the policy.

### INSURED DETAILS

<b>Policy No.</b>	<b>Insurer</b>		
	<b>Name</b>		
	<b>ID no./Co. reg. no.</b>		
	<b>Occupation</b>		
<b>Insured</b>	<b>Tel No.</b>	<b>W</b>	<b>H</b>
	<b>Email address</b>		
	<b>Cell</b>		<b>Fax</b>
	<b>Physical Address</b>		<b>Code</b>

### PARTICULARS OF ACCIDENT

<b>Date of accident (DD/MM/YYYY)</b>	<b>Time of accident (hh:mm)</b>
<b>Physical address where accident occurred</b>	
<b>Explain fully how accident happened</b>	

### THIRD PARTY

<b>Name of person injured or owner of property damaged</b>
<b>Address</b>
<b>Business or occupation</b>

### PLEASE GIVE FULL DETAILS OF

<b>Personal injuries</b>		
<b>Damage to property of third parties</b>		
	<b>Manufacturer</b>	<b>Model</b>
<b>If damage caused to motor vehicle, please complete:</b>	<b>Year</b>	<b>Reg.No</b>
	<b>Location of damages on vehicle</b>	

## PERSONAL LIABILITY CLAIM

### WITNESSES

(if none were obtained, please state whether any were available and reason for not providing particulars.)

Name

Address

Contact Details

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### POLICE

Police station and reference number

Date reported

### OTHER INSURANCES

Have you any other insurance in force in respect of this occurrence If so, give particulars

### PROPERTY OWNERS

(To be completed only if claim is under Property Owner's Policy)

Name and address of your tenant

### SKETCH PLAN

(To be completed whenever applicable)

## 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.**

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Full name of insured/claimant

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Date

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Signature of insured/claimant

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Date