

PERSONAL LIABILITY CLAIM

Broker/Agent	Policy number
VAT reg. number	
INSURED	
Name and occupation	
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 occupation	
Cause of loss/damage occurred, stating how (if applicable)?	
Describe fully how the loss/damage 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?	YES NO
Have you requested the alarm report from your security company?	
PREVIOUS LOSS/DAMAGE	
Have you previously suffered loss/damage	YES NO
If so, give details	
If insured, provide name of Insurer	
POLICE	
Police station	
Police reference number	
Date reported to Police	
OTHER INTEREST	
Has any other party an interest in the insured property, e.g. Credit Agreement	YES NO
If so, give name and interest	
OTHER INSURANCE	
Is there any other insurance covering this loss/damage	
If so, give name of Insurer	
Estimated total value of all the property insured under the policy	R
When last valued	

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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

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