

RENAULT MOTOR CLAIM

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

Email address

Day tel no.

Physical Address

VEHICLE

Make

Tare

Vehicle mass

Km completed

Reg number

Value

Model

Year

Colour

Date of purchase price

VIN number

Engine number

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?

YES

NO

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?

Where can the damaged vehicle be inspected?

Repairer's name, address and telephone number

RENAULT MOTOR CLAIM

DRIVER

Full name		
Address		
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?	YES	NO
If yes, give name of insurer, policy number		
Has licence ever been endorsed?	YES	NO
Has he/she any physical defects?	YES	NO
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		
Details of damage		

RENAULT MOTOR CLAIM

PERSONAL INJURIES (IN OTHER VEHICLES)

Injured name

Address

Telephone

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

POLICE DETAILS

Was the driver tested for alcohol or drugs?

YES NO

Was the third party tested for alcohol or drugs?

YES NO

POLICE DETAILS

Name of traffic officer

Police station

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 Number

Reported by

Date reported

Circumstances (attach separate page if necessary)

RENAULT MOTOR CLAIM

Was the vehicle locked? YES NO

If not, for what reason?

Details of stolen accessories (Please attach invoices). Are these separately insured? YES NO

ANTI-THEFT VEHICLE RECOVERY DEVICE DETAILS

Make Date

PLEASE ATTACH PROOF OF DEVICE

Details of window markings Number

Applied by whom?

Details of scratches, dents, defects

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

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