

EXCESSRISKCONSULTANTS | CLAIMFORM

Inception Date of Policy:

Policy Number:

1. CLAIM TYPE

- Motor/GIT - Accident or Own Damage: Sections 2 to 9 and 12 of the claim form to be completed, where applicable.
- Motor/GIT - Theft or Hijack: Sections 2 to 8, 9 and 12 of the claim form to be completed, where applicable.
- Non-motor: Section 2,3,11 and 12 of the claim form to be completed

2. BROKER DETAILS

Brokerage Name:

Contact Person:

3. INSURED DETAILS

Trading Name:

Previous Trading Name:

VAT Number:

Company Reg/ID Number:

Type of Business:

Postal Address:

Physical Address:

Postal Code:

Postal Code:

Tel/Cell Nr:

Email Address:

4. VEHICLE DETAILS

Make: Model: Year:

VIN: Registration: Kilometers Completed:

Date Purchased:

Price Paid:

Is the Vehicle Still Under Finance: Yes No

Name of Finance Company:

Address:

Settlement Amount:

Contact Number:

Account Number:

Was Towing Arranged Through the ERC Assist Line: Yes No

Is the Vehicle Drivable: Yes No

Towing Ref Number:

Is the Vehicle Subject a Motor Plan or Warranty: Yes No

Is the Vehicle Incurring Storage Costs at Present: Yes No

Is There Damage To Your Own Vehicle: Yes No

Estimate for Repairs or Attach Quotation:

Repairer Name:

Repairer Contact Number:

Address Where Your Damaged Vehicle Can Be Inspected:

5. TRAILER DETAILS

Trailer 1

Make:
 Year:

Model:
 Registration:

Trailer 2

Make:
 Year:

Model:
 Registration:

6. DRIVER DETAILS

Name: Surname: ID Number:

Occupation: Tel Number:

Does the Driver Have a Valid South African Drivers Licence: Yes No If No, Please Specify:

Drivers Licence Code: Date of First Issue:

Place Licence Obtained: Expiry Date:

Has Licence Ever Been Endorsed: Yes No Licence Number:

Has He/She Any Physical Defects: Yes No Purpose of Driving:

Any Previous Accidents or Losses: Yes No

Was He/She Driving With Your Permission: Yes No Is He/She Employed by You: Yes No

Driver Signature: Date Signed:

7. THIRD PARTY DETAILS

Name: Surname: ID Number:

Make: Model:

Year: Registration:

Tel Number: E-mail Address:

Is the Vehicle Insured: Yes No Insurance Company:

Does the Third Party Have a Valid Licence: Yes No Licence Number:

Will the Third Party be Claiming for Damages: Yes No Cost of Damages:

Description of Damages:

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8. POLICE DETAILS

Police Station: SAP Reference Number:

Was the driver tested for alcohol or drugs: Yes No Date Reported:

9. ACCIDENT DETAILS

Date: Time:

Place:

Speed Before Accident km/h: Moment of Impact km/h:

Weather Conditions: Visibility:

Road Surface: Width of Road:

Was Any Warning Given By You? E.g Hooting, Indication ect:

Is There Any Video Footage of the Accident: Yes No Can you Supply Us With the Video Footage: Yes No

Car Hire to be arranged (if cover is included): Yes No

Description of Accident:

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Scetch of Accident:

10. MOTOR THEFT/HIJACK DETAILS

Date: Time:

Place:

Witness: Yes No Witness Name and Surname: Contact Number:

Was the vehicle locked? If not, supply reason:

Details of stolen accessories. Attach Invoices:

Anti-theft device: Yes No Transponder, responder, tracking device fitted: Yes No

Was the ERC Assist Line notified of the loss: Yes No

If no, please provide a reason:

Description of Theft / Hijack:

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Car Hire to be arranged (if cover is included): Yes No

11. NON-MOTOR SECTIONS

Loss/Damage Occurrence:

Date: Time: Place:

When was Loss/Damage discovered? Place:

Was premises occupied? If Yes, by whom?

If no, when was it last occupied?

Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to the premises:

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If damage was caused by another party, provide details:

Does any other party has an Interest in the property? If yes provide details:

Police Station, case reference number and date reported:

Estimated total value of all property insured under the policy: Date last valued:

Estimated total value of all property insured under the policy:

| Item description | Date acquired | Value at time of purchase | Amount claimed |
|------------------|---------------|---------------------------|----------------|
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12. CONSENT AND CONFIDENTIALITY

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 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 and other insurers.

The lawful sharing of your personal information with other Insurance companies is for 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.

We undertake to attend to all that is necessary to detect and prevent fraud thus protecting our clients. We, 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 been transmitted to them. No third party, including VAPS Insurance Underwriters Pty. Ltd. (VAPS), 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 been disclosed to is also bound by confidentiality and the provisions of POPI, whereby security measures are enforced to safeguard your personal information. The third parties we contract with are required to abide by our standards of safety, security and privacy.

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.

Declaration by insured:

I hereby give consent to VAPS to process, use, share and retain my personal information for its designated purpose. I fully understand the purpose for which my personal information has been collected and duly consent thereto. I further consent to the lawful sharing and disclosure of my information and understand the necessity of same.

I am fully aware and understand my rights duties and obligations to furnish VAPS with true and accurate information and my duty to advise of any changes to my personal information timeously. The said consent is given to VAPS with the necessary legal capacity, voluntarily and free of intimidation and duress of any form.

I acknowledge that sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

On my behalf and on behalf of any person represent herein. I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.

I acknowledge that the insurance information provided by me may be stored and in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit.

I consent to such information being disclosed to any other insurance company or its agents.

I acknowledge that the information may be verified against legally recognized sources or databases.

I/We hereby authorised that the insurance company can do the necessary validation checks for the drivers licence of the driver and when the drivers licence is not a South African drivers licence in terms of a new claim.

I/We hereby authorised that the insurance company can do the necessary validation checks for the PDP of the driver in terms of a new claim.

Name of Driver:

Signature of Driver:

Name of Authorised Signature:

Signature:

Date:

Place: