



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 notifyclaim@guardrisk.co.za

POLICY NUMBER				
INSURED	Name			
	Business Description			
	Email address			
	Day telephone number			
	Physical Address			
VEHICLE	Make	Tare	Vehicle mass	Km completed
	Reg number	Value	Model and year	Date of purchase/ price
	VIN number	Engine number	Color	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?			
	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?	Yes	No	
	Where can your damaged vehicle be inspected?			
	Repairers name, address and telephone number			

DRIVER	Full name					
	Address					
	Occupation					
	Identity number					
	Driving licence	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? If yes, give name of insurer, policy number					
	Details of any convictions for motoring offences					
	Has licence ever been endorsed					
Has he/she any physical defects						
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		Details of damage		
		Driver name				
		Driver ID number				
		Driver telephone number				
		Owner name				
		Owner ID number				
		Owner telephone number				
PASSENGERS	PROPERTY (NOT VEHICLES)	Name, address, telephone and ID number of owner		Details of damage		
	PERSONAL INJURIES (IN OTHER VEHICLES)	Injured: Name, address, telephone and ID number	Relationship to accident eg: Driver, passenger etc	Details of injuries	Name of hospital (if applicable)	
WITNESSES	Name, address and day telephone number		1. 2.			

ACCIDENT DETAILS	Date (DD/MM/YYYY)		Time		Place	
			Before Accident		After accident	
	Speed					
	Weather conditions					
	Visibility					
	Road Surface					
	Were the vehicle lights on?		Yes	No	Yes	No
	Were the street lights on?		Yes	No	Yes	No
	Road width					
	Any warning signs on the road?		Yes	No	Yes	No
	POLICE DETAILS		Name of traffic officer		Police station /case number	
	Was the driver tested for alcohol or drugs?					
	Was the third party tested for alcohol or drugs?					
	Description of accident					

SKETCH OF ACCIDENT

Provide/upload a detailed sketch of how the accident occurred. Use arrows to clearly show the point of impact and indicate the direction of travel.

STOLEN/ HI-JACK	Date (DD/MM/YYYY)			
	Time			
	Place			
	Police station			
	Police case no.			
	Date reported (DD/MM/YYYY)			
	Reported by			
	Circumstances (Attach separate page if necessary)			
	Was the vehicle locked? If not, for what reason?			
	Details of stolen accessories (Please attach invoices) Are these separately insured?			
	Anti-theft vehicle recovery device details		Make	
			Fitted by	
			Date (DD/MM/YYYY)	
	PLEASE ATTACH PROOF OF DEVICE			
Details of window markings		Number		
		Applied by whom?		
Details of scratches, dents, defects				
Details of other features which could assist identification				
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: Branch number: Account number: Name of account holder: Signature:

INFORMATION SHARING CONSENT OF INSURED

You agree to share your information

1. I acknowledge that sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the best 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.
2. I waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me, This is on my own behalf as well as on the behalf of any person I represent in terms of this insurance policy.
3. I acknowledge that the Insurance information provided by me may be stored 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.
4. I consent to such information being disclosed to any other insurance company or its agent
5. I acknowledge that the information may be verified against legally recognised sources or database.

DECLARATION

I/ we hereby declare the foregoing particulars to be true in every respect.

Signature of driver _____ Date _____

Signature of insured _____ Date _____

Please attach copies of drivers license and page 1 of drivers identity document.

N.B IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY WHEN YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.

Contact the team



Guardrisk 24 hour claims helpline
0860 222 555
Follow the prompts.

SMS 'Help'
to 34798

Wait for the prompts & **choose one** of the below options:

- | | |
|--|-------------------------------------|
| 1 Towing assistance following an accident | 3 Report a motor glass claim |
| 2 Report motor vehicle theft/hijacking | 4 Report a geyser claim |