Guardrisk 24 hour claims helpline

0860 222 555

Follow the prompts.

SMS 'Help' to **34798**

THIRD-PARTY CLAIM FORM

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

INSURED	Name			
	Claim Number			
INCIDENT	Date *(DD/MM/YYYY)*		Time	
	Place where incident occurred			
	When was the loss discovered?			
WITNESS	Full Name			
	Telephone Number			
	Email Address			
	Physical Address			
POLICE	Police Reference Number			
	Police Station			
	Date Reported *(DD/MM/YYYY)*			
	Officer Name			
DESCRIPTION OF ACCIDENT	Provide a detailed description of how the incident occurred;			

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.

GUARDRISK TAILORED RISK SOLUTIONS

DRIVER	Full Name				
	Address				
	Drivers licence details	No.	Date *(DD/MM/YYYY)*	Place	Full/learner
	Telephone Number				
	Email Address				
	Physical Address				
REGISTERED OWNER OF VEHICLE	Full Name				
	Address				
	Telephone Number				
	Email Address				
	Physical Addres				
CONTACT/ LIAISON FOR PURPOSES OF THIS CLAIM	Full Name				
	Address				
	Telephone Number				
	Email Address				
	Physical Address				
ASSESSMENT OF THE VEHICLE: CONTACT PERSON	Full Name				
	Address				
	Telephone Number				
	Email Address				
	Physical Address				
	Physical Address where vehicle can be assessed				
VEHICLE DETAILS	Make				
	Gross Vehicle Mass				
	Km Completed				
	Registration Number				
	Value				
	Model and year				
	Manual		Automatic		
	Is the vehicle driveable?	Yes		No	
	Was the vehicle towed from the accident scene?	Yes		No	

PROPERTY DAMAGE	Name of owner	
	Telephone number of owner	
	Description of loss/ damage	
PERSONAL INJURIES	Name of injured person	
	Age of injured person	
	Physical address of injured person	
	Details of injuries	

NOTE

TOWING:

If your vehicle is standing at a towing company/panelbeater's premises, we will not pay for the storage, security and administration costs. When a decision is made to pay the claim, we will compensate you for only the reasonable first towing costs.

CAR HIRE:

We do not pay for car hire costs, unless the vehicle is used for business purposes to generate income; and proof will be required (attach copy pf your policy schedule to reflect car hire option on your policy OR a letter from your Company confirming that the vehicle is used for business purposes and it must include your employee number, your daily duties and your occupation).

WITNESS:

If you are able to contact your witness, please request that the attached witness statement be completed. (This witness cannot be a passenger in your car).

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 aforegoing 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

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

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

Guardrisk Insurance Company Limited An authorised financial services provider and licensed non-life insurer. FSP No.75

GUARDRISK
TAILORED RISK SOLUTIONS
A member of **Momentum Metropolitan**

To be completed by the witness

WITNESS	Name			
	Telephone Number			
	Email Address			
	Physical Address			
INCIDENT	Date *(DD/MM/YYYY)*		Time	
	Place where incident occurred			
VEHICLE DETAILS	Make			
	Registration Number			
DESCRIPTION OF ACCIDENT	Provide a detailed description of how the incident occurred;			

SKETCH OF ACCIDENT
Please show clearly the point of impact and indicate the direction of travel by arrows. Give details

DECLARATION

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

Signature of witness .....Date .....