

PUBLIC LIABILITY ACCIDENT CLAIM FORM

Company Reg. No: 2008/005015/07 Vat Reg. No: 4350242386 Compliance Officer: Moonstone Compliance

Authorised Financial Service Provider – FSP No. 40752

Old Mutual Insure Limited, Registration Number 1970/006619/06. A licensed FSP and non-life insurer. (FSP12)

INSURED									
Policy Number:									
Name:									
Occupation:									
Address:									
Address.						Code:			
Tel. Number:	(H)		Tel. Number:		(W	(W)			
Cell Number:			Fax Number:						
E-mail:									
Identity Number:									
DESCRIPTION OF ACCI	DENT			T					
Date:		T		Time:					
Place where Accident of	occurred:								
State exactly how the A	Accident occurred:								
Who discovered the da	mage?								
Is this an employee or	pplicable block)	Employee		Third Party					
Franklause / Third Doub	Contact D. 1. 11	Tel. Number:			Cell Nu	mber:		•	
Employee / Third Party	Contact Details:	Email address:	iddress:			·			
WITNESSES									
Name:									
Address:									
Tel. Number:			Cell Numb	er:					
Name:									
Address:									
Tel. Number:			Cell Numb	er:					
Name:									
Address:									
Tel. Number:			Cell Numb	er:					
POLICE									
Station:		Police Ref. Nur	nber		Date	e reported:			

PROPERTY DAMAGE											
Name of Owner:											
Address:											
Tel. Number:			Email Address:								
Description of Damage:											
PERSONAL INJURIES											
Name:					Age:						
Address:											
Tel. Number:			Email Address:								
Injury Details:											
Give full details of relat	tionship of injured to you	, if any:									
Name:					Age:						
Address:											
Tel. Number:			Email Address:								
Injury Details:											
Give full details of relat	tionship of injured to you	, if any:									
CLAIM											
If a claim is made against you, give details and attach correspondence:											
DECLARATION											
DECLARATION											
PLEASE READ THE FOLLOWING DECLARATION VERY CAREFULLY AND READ AGAIN THE QUESTIONS AND ANSWERS, BEFORE SIGNING THE FORM I/We declare that the statement and particulars in this claim form are true to the best of my/our knowledge and belief and that I/we have not misstated, suppressed or omitted any material facts.											
SIGNATURE OF INSURED DESIGNATION:			DATE								
NAME IN PRINT:											

PRIVACY NOTICE - PROTECTION OF PERSONAL INFORMATION ACT ("POPIA")

We understand that your personal information is important to you and that you may be apprehensive about disclosing it. Your privacy is just as important to us and we are committed to safeguarding and processing your information in a lawful manner.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

YOUR rights

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator.

To view our full privacy notice with contact details for the Information Regulator, please visit our website on: https://frontlineinsurance.co.za/popi/