

PROPERTY LOSS OR DAMAGE CLAIM FORM
POLICY DETAILS

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| Broker : |
| Policyholder : |
| Policy Number : |

POLICYHOLDER DETAILS

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| Full Name : |
| Identity Number : |
| Occupation : |
| Residential Address : |
| Contact Number : |

EVENT DETAILS

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| Date of Loss : |
| Time of Loss : |
| Date/Time Discovered : |
| Address where loss occurred : |
| Were the premises occupied at time of loss? |
| If so, by whom? |
| Was the alarm set? |
| How was entry gained into the premises? |
| Were the items stolen from a vehicle? |
| Was the vehicle left unattended? |
| How was entry gained into the vehicle? |
| Make and Model of the vehicle : |
| Exact placement of items in the vehicle : |
| Police Case Reference Number : |
| Police Station : |
| Date Reported : |
| Please provide us with a detailed description of the incident : |
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RISK DETAILS

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| Are any of the items claimed, used solely for business purposes? |
| Are any of the items claimed, owned by someone not insured on this policy? |
| If yes, please give details of other interested parties : |
| Are you the sole owner of the property subject to the claim? |
| If no, please give details of other interested parties : |
| Is the property subject to claim insured elsewhere? |
| If yes, please provide details of insurer and policy number : |

PROPERTY LOSS OR DAMAGE CLAIM FORM

YOUR INFORMATION

The information below is required in order to properly assess the Claim in question. We are aware that certain information disclosed to us may be deemed Personal Information in terms of the Protection of Personal Information Act 4 of 2013 (POPI) and we will accordingly take all reasonable steps to ensure that your information is processed / used / stored in accordance with POPI.

We further hereby inform you that we may have to share your Personal Information with our service providers (loss adjusters, attorneys, investigators & other consultants/advisors) involved in assessing the Claim in accordance with your Insurance Policy.

Where necessary, we may also disclose your Personal Information, including potentially sensitive information about you, to other insurers, reinsurers, legal representatives and other consultants in order to protect the legitimate interests of the Insurer/Santam Ltd.

In addition, we may need to obtain certain information from other sources (such as the South African Police Service or a medical practitioner) but we undertake to advise you if/when we collect personal information from such other sources.

If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed and/or we may not be able to accept the claim.

You also have the right, in terms of POPI, to object (on reasonable grounds) to the processing of your Personal Information.

WARRANTY

I hereby warrant that I have suffered the loss/damage to the property referred to in this document and that the particulars and statements given below are true and complete and contain all information known to me affecting the details of the claim.

I agree and understand that providing the incorrect information, inflating my claim or claiming for items that I did not own prior to the loss, is fraudulent, and will prejudice my claim.

Signature of Policyholder :

Date Signed :

