



# Claim Form

## Motor Accident

Authorised Financial Services Provider No. 7090

135 General Hertzog Street, Three Rivers, Vereeniging, Gauteng 1939

Please Complete this form in Full and send to your Broker or to the Claims Handler

The Information that is sought herein is not intended to be an exhaustive list and Uma Underwriters reserves the right to request any further information deemed appropriate while investigating the claim.

**THE FOLLOWING DOCUMENTS SHOULD BE PROVIDED FOR THIS CLAIM: SIGNED CLAIM FORM, CLEAR COPY OF DRIVERS LICENCE, POLICE CASE NUMBER AND POLICE REPORT THIRD PARTY DETAILS AND PHOTOS OF VEHICLE DAMAGES IF POSSIBLE. PLEASE ATTACH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICE INVOICE.**

<b>INSURED</b>	Claim Number						
	Policy Number						
	Name and Occupation						
	Occupation and Id. No.		Would you like to be notified of Claim updates via SMS? <input type="checkbox"/>				
	Identity Number/Vat Number						
	E-mail Address						
	Contact Numbers		Business		Home		
			Cell				
Address							
<b>VEHICLE</b>	Vehicle Details		Make	Model	Registration no	Year	Kilometers completed
	State if Subject to hire purchase, credit or leasing agreement. If yes, Name, address and account number of finance company.		<input type="checkbox"/> YES				
			<input type="checkbox"/> NO				
	Chassis/ Vin Number						
	In whose name is the vehicle registered?						
Vehicle Value							
<b>DAMAGE</b>	Indicate Old damage on vehicle				Estimate for Repairs or attach a Quotation		
	Repairer's name , address and telephone number						
	Where can your damaged vehicle be inspected? (Current Location of vehicle)						
<b>DRIVER</b>	Full Name						
	Residential Address						
	Occupation and Id. No.						
	Driver's Licence		Month and Year of expiry		Date of Issue and Code Issued		
	State fully the purpose for which the vehicle was being used						
	Was he/she driving with your permission?		<input type="checkbox"/> YES	<input type="checkbox"/> NO			
	Was he/She in your employ?		<input type="checkbox"/> YES	<input type="checkbox"/> NO			
	Does he/she have motor insurance, if yes, which insurance company and Policy no.		<input type="checkbox"/> YES	<input type="checkbox"/> NO			
	Details of any convictions for motoring offences.						
	Has licence ever been endorsed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO			
	Has he/She any physical defects?		<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Details of Previous accidents							

<b>Passengers (Insured Vehicle)</b>	Passengers in insured vehicle	Name		Residential Address	Injury	
	For what purpose were they being transported/Carried?					
	Are they employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>OTHER PARTY</b>	Personal Injuries ( other than in insured vehicles)	Name of Injured	Relationship to accident	Details of Injuries		Name of Hospital if applicable
	Other Vehicles	Registration	Make	Name of owner and driver	Contact no	ID Number
		Details of Damage	Old damage	Address of owner and driver		Vehicle colour
	Property other than vehicles	Name and address of owner			Details of damage	
		Insurance Company				
	Claim number.					
	Police station					
	Police ref no.					
<b>INDEPENDENT WITNESSES</b>	Name	Telephone number				
	Address					
	Name	Telephone number				
	Address					
	Date and Time					
	Place where loss occurred (postal code)					
	Speed	Before Accident		Moment of Impact		
	Weather Conditions					
	Visibility					
	Road Surface					
	Width of Road					
	Which vehicles lights were on?					
	Street Lighting					
	Was any warning given by you, E.g. Hooting, indicator ect.?					
	Police officer who recorded details of accident	Police station				
	Date reported					
	Police ref no.					

<b>ACCIDENT</b>	Was driver tested for alcohol or drugs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
	Result of Test				
	Description of accident				
SCETCH OF ACCIDENT (IF NECESSARY USE SEPARATE PAGE) <span style="float: right;">Please</span> show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident					
<b>STATEMENT</b>	I, The insured have inspected the driver's licence and it is free of endorsement/endorsed as shown <input type="checkbox"/> YES <input type="checkbox"/> NO				
	We hereby Declare the foregoing particulars to be true in every respect				
	Signature of Driver		Date		
	Signature of Insured		Date		
<b>NB: It is important that you notify the Insurers immediately you become aware of any impending prosecution, inquest or demand.</b>					

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.

All information acquired herein is relevant to the stated purpose. Your personal information may also be collected for certain mandatory purposes, please consult our Consent to Process Personal Information for a list of same.

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:

- a. 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
- b. to verify that claims information match what was provided when insurance cover was taken out
- c. if necessitated to act as a basis for investigating claims when our recorded information is incorrect or when we suspect fraudulent activity.

Bryte undertakes to attend to all that is necessary to detect and prevent fraud thus protecting our clients. UMA Underwriting Consultants, 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 UMA Underwriting Consultants shall use your personal information for any other purpose unless expressly consented to by you.

We have implemented high level 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.

You hereby give consent to UMA Underwriting Consultants to process, use, share and retain your personal information for its designated purpose. You fully understand the purpose for which your personal information has been collected and you duly consent thereto. You further consent to the lawful sharing and disclosure of your information and understand the necessity of same.

You are fully aware and understand your rights duties and obligations to furnish UMA Underwriting Consultants with true and accurate information and your duty to advise UMA Underwriting Consultants of any changes to your personal information timeously. The said consent is given to Bryte with the necessary legal capacity, voluntarily and free of intimidation and duress of any form.

**PLEASE REMEMBER & TICK**

**THE FOLLOWING DOCUMENTS SHOULD BE PROVIDED FOR THIS CLAIM:**

<input type="checkbox"/>	<b>SIGNED and Completed CLAIM FORM</b>
<input type="checkbox"/>	<b>Clear Copy of drivers licence</b>
<input type="checkbox"/>	<b>POLICE CASE NUMBER AND POLICE REPORT</b>
<input type="checkbox"/>	<b>THIRD PARTY DETAILS</b>
<input type="checkbox"/>	<b>PHOTOS OF VEHICLE DAMAGES IF POSSIBLE</b>