



Motor Vehicle Accident Claim Form

Policy number

Claim number

The Pavilion | Wanderers Office Park
52 Corlett Drive | Illovo | 2196
Telephone: +27 11 731 3600
www.santam.co.za
Registration number: 1918/001680/06



Santam is an authorised financial services provider (FSP 3416),
a licensed non-life insurer and controlling company for its group companies.

1. THE INSURED

Surname

Initials

ID no.

Address (H)

Postal code

Address (W)

Postal code

Fax no.

Mobile no.

Tel no. (W)

Tel no. (H)

Occupation

2. THE DRIVER AT THE TIME OF THE ACCIDENT

COPY OF DRIVERS LICENSE TO BE ATTACHED.

Surname

Initials

ID no.

Address (H)

Postal code

Address (W)

Postal code

Fax no.

Mobile no.

Tel no. (W)

Tel no. (H)

Occupation

Was the driver sober?

NO YES

Was a blood sample taken after the accident?

NO YES

If YES, what was the result?

3. THE VEHICLE

Make

Year of manufacture

Registration number

Colour

Is the vehicle insured under any other policy?

NO YES

Name and address of registered owner

Name and address title holder if the vehicle is the subject of a hire-purchase agreement or similar agreement.

Description of damage to the vehicle

Estimated cost of repairs

Have instructions for repair been given?

NO YES

If YES, by whom?

Address where the vehicle may be seen

4. THE ACCIDENT

Place

Date

Time

If the accident occurred outside the borders of the Republic of South Africa, please specify in which country

Police station / traffic department where accident was reported

Poice / traffic department reference number

Short description of accident

What purpose was the vehicle being used for at the time of the accident?

a) Are there other parties who can claim damages arising from the accident from you or from whom you can claim damages?

NO YES

b) Have any passengers in your vehicle sustained injuries?

NO YES

Please complete the Motor Vehicle Third Party Liability Claim Form if your answered YES to either question a or b above.

DECLARATIONS

1. I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not misstated or suppressed any material fact.
2. I/we agree that this Proposal Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.
3. I/we undertake to inform Insurers of any material alteration to these facts occurring before the completion of the contract.

Signed on behalf of insured

Full name

Position held at insured

Date

PROTECTION OF PERSONAL INFORMATION ACT

We understand that the information provided in this application for insurance and all documentation provided with it may be deemed to be personal information in terms of the Protection of Personal Information Act 2013 (the POPI Act) and we will accordingly take all reasonable steps to ensure that your information is processed / used / stored in accordance with the POPI Act and for the following purposes:

- To verify the information disclosed herein against any other source;
 - To communicate with you directly should you request us to and in accordance with relevant regulatory requirements;
 - To compile non-personal statistical information to assist in assessing similar risks;
 - To assess the risk to be underwritten
- and, if a Policy of Insurance is issued pursuant to and based upon such information, to use the disclosed information at claims stage to assess any claims that may be made against any such Insurances;
- To transmit your personal information to any affiliate, subsidiary, service provider/consultant/advisor or re-insurer so that we can provide insurance services to you and to
- enable us to further our legitimate interests including statistical analysis, reinsurance and credit control;
- To combat insurance fraud and properly evaluate risks, we will store your personal information on a shared database created by the South African Insurance Association (SAIA) in order to verify it against available sources and databases on the system.

Personal information of minors (complete if applicable)

If any information provided herein relates to a Minor (i.e. a child under the age of 18) we require that a competent person (parent/legal guardian) provide consent to the processing of such information for the above purposes and for any purpose that is compatible therewith.

I,
(full name of competent person), hereby provide my consent to the processing of any information provided herein relating to

(name of minor whose personal information is disclosed herein) for the purpose as disclosed above. I further understand that I have the right to withdraw this consent at any time but that this may mean that any insurance issued pursuant to this application may be terminated and/or that any claims issued against such insurance may not be able to be finalised

Further disclosures

Please note that there may be instances where we will be required to transfer your personal information outside South African borders, generally for purposes of furthering the Insurer's legitimate interests regarding reinsurance or for the processing of any claim that arises outside South African borders. However, before transferring your personal information, we will ensure that the entity to whom the information is being transferred is subject to similar data protection conditions as those imposed by the POPI Act failing which we will advise you accordingly and request your consent to transfer information as required.

Note that the provision of the information required/requested herein is mandatory as it is necessary for us to accurately underwrite the insurances, which you are hereby applying for, and if any information is withheld or is misrepresented the Insurer may be entitled to void any insurances issued pursuant to this application.

Although any insurance issued pursuant to this application will be reviewed annually (where appropriate) it is your responsibility to ensure that the information provided to the Insurer remains accurate and up to date, we therefore encourage you to contact us at any time to advise us of changes to the information provided.

In addition, you may contact us at any time to exercise the following rights that you have in terms of the POPI Act (subject to any regulatory obligations placed on us/Santam Ltd)::

- To request that we provide you with access to your personal information held/processed by us;
- To request that we erase or correct the your personal information that we hold (where appropriate/possible);
- To request that we transfer any personal information held by us to you or to any other person/system selected by you in a structured, commonly used and machine-readable format;
- To request that we restrict the processing of your personal information for reasons provided for in the POPI Act.

Should you wish to lodge a complaint regarding our compliance with the POPI Act or in respect of the processing of your personal information, please contact the Santam Client Care department:

Email: complaints@santam.co.za
Telephone: 0860 102 725
Fax: (021) 915 7434

Alternately, you also have the right to approach the South African Information Regulator should the above process not adequately address your concerns.

Email: complaints.IR@justice.gov.za
Postal address: PO Box 31533
Braamfontein, Johannesburg, 2017

Physical address:
JD House, 27 Stiemens Street
Braamfontein, Johannesburg, 2001