



Motor Vehicle Third Party 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. IF THE INSURED IS A BUSINESS

Please indicate the kind of business

- | | |
|-----------------------|--------------------|
| 1. Public company | 4. One-man concern |
| 2. Private company | 5. Partnership |
| 3. Closed corporation | |

Registered address

Registered number if 1, 2 or 3 above

Registered address

2. IF THE DRIVER OF THE VEHICLE IS NOT THE INSURED

Was the driver of the vehicle in the insured's employ at the time of the accident?

NO YES

Was the vehicle used according to the insured's instructions?

NO YES

Does the driver of the vehicle have his/her own motor vehicle insurance policy?

NO YES

If YES, name of insurance company?

Policy number

3. THE ACCIDENT

Place of accident

Urban / municipal area Please state the street name and suburb below

Highway / main road Please state between which towns / exits below

Rural area Please state between which towns and the estimated distance to the nearest town below

Estimated speed of the vehicle at the time of the accident

Visibility

State of road

Road width

Wet or fine weather

If the accident occurred at night or during conditions of poor visibility, what lights were exhibited by:

a) Your vehicle

b) Other vehicle

What signals, audible or otherwise, were given?

Were you on your nearside?

NO YES

Who in your opinion was to blame for the accident?

Was any statement as to fault made by any eye-witness?

NO YES

If YES, please furnish particulars below

Eye-witnesses

Name

Address

Telephone number

Full description of the accident

SKETCH PLAN OF THE ACCIDENT:

With your vehicle shown as X and the other party / parties shown as A, B or C as per SECTION 4, please show the following in the drawing

- (a) Position of vehicles and persons involved before and after the accident and direction in which they were travelling.
- (b) Point of impact.

4. PARTICULARS OF OTHER PARTIES INVOLVED

A Surname

Initials ID no.

Address (H) Postal code

Address (W) Postal code

Fax no. Mobile no.

Tel no. (W) Tel no. (H)

Occupation

Particulars of vehicle Make Reg. no.

Description of damage

Is other party insured? If YES, mention the company's name and policy number below

NO YES

Name Policy no.

B Surname

Initials ID no.

Address (H) Postal code

Address (W) Postal code

Fax no. Mobile no.

Tel no. (W) Tel no. (H)

Occupation

Particulars of vehicle Make Reg. no.

Description of damage

Is other party insured? If YES, mention the company's name and policy number below

NO YES

Name Policy no.

C Surname

Initials ID no.

Address (H) Postal code

Address (W) Postal code

Fax no. Mobile no.

Tel no. (W) Tel no. (H)

Occupation

Particulars of vehicle Make Reg. no.
Description of damage

Is other party insured? If YES, mention the company's name and policy number below

NO YES

Name Policy no.

If you suspect or know that a party above was driving his/her employer's vehicle, please furnish the following information

Name of employer
Business address

5. PARTICULARS OF INJURED PASSENGERS

A Name

Address Postal code

Tel no. (H) Tel no. (W)

Particulars of injury
Relationship between insured and passenger

Relationship between driver and passenger

B Name

Address Postal code

Tel no. (H) Tel no. (W)

Particulars of injury
Relationship between insured and passenger

Relationship between driver and passenger

C Name

Address Postal code

Tel no. (H) Tel no. (W)

Particulars of injury
Relationship between insured and passenger

Relationship between driver and passenger

D Name

Address Postal code

Tel no. (H) Tel no. (W)

Particulars of injury
Relationship between insured and passenger

Relationship between driver and passenger

E Name

Address Postal code

Tel no. (H) Tel no. (W)

Particulars of injury
Relationship between insured and passenger

Relationship between driver and passenger

For what purpose was/were the passenger(s) conveyed?

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