

CLAIM FORM

SECTIONAL TITLE - GENERAL

FOR ADDSURE CLAIMS TEAM DETAILS

[CLICK HERE](#)

Name of scheme

Policy number

Address of scheme

Section or C.P.

Door number

Were premises occupied?

Yes

No

If no, when last occupied?

Occupied by whom?

Occupation purpose



Contact name

Contact designation

Contact phone

Contact email

Other contact info

Date of loss

Time of loss

When discovered

Time discovered

Detailed description of damage to property

Estimated Loss R

What caused the loss or damage?

IF LOSS / DAMAGE DUE TO VEHICLE IMPACT

| | | | | | |
|-------------------------------|----------------------|-----------------------|----------------------|----------------------|----------------------|
| SAPS case number | <input type="text"/> | Police station | <input type="text"/> | Date reported | <input type="text"/> |
| Damage by whom? | <input type="text"/> | | | | |
| Address of 3rd party | <input type="text"/> | | | | |
| Additional information | <input type="text"/> | | | | |

CLAIM SUBMISSION DETAILS AND SIGNATURES

This claim submission should be signed in terms of PMR10 (signing of documents). Addsure accepts the claim form in good faith i.e. that the person signing confirms that they are mandated accordingly.
Any personal information provided by the policyholder and/or its representatives in terms of this insurance policy and this claim will be used:

By the underwriting manager, insurer, broker, loss adjuster, their employees and service providers for the acquittance of this claim and will be kept on record as required by legislation and for recordkeeping needs.

To confirm risk information, risk management data, information from public sources including but not limited to addresses, and to verify ownership.

To comply with legal and regulatory requirements as well as industry codes

We will take all reasonable steps to ensure that all personal information is used, processed and stored in accordance with the relevant legislation, including but not limited to PAIA and POPIA.

I/we hereby confirm that all of the personal information provided above is accurate and is supplied voluntarily. I/we hereby authorise processing of my personal information as set out above and I understand the purposes for which it required. I/we understand that such information may be held on an overseas server/computer system.

I/we hereby confirm that the particulars and declarations are correct and complete and include all information known to me/us . It is further declared and understood that where this application is completed by the managing agent or other agent of the insured, the managing agent or other agent will be considered to have been authorised to act as the insureds agent for purposes of completing this claim submission.

| | | |
|---|----------------------|----------------------|
| Trustee 1 name | <input type="text"/> | <input type="text"/> |
| Date | <input type="text"/> | <input type="text"/> |
| Trustee 2 name or managing agent | <input type="text"/> | <input type="text"/> |
| Date | <input type="text"/> | <input type="text"/> |
| Section owner or witness | <input type="text"/> | <input type="text"/> |
| Date | <input type="text"/> | <input type="text"/> |