

NON-MOTOR CLAIM FORM

CERTIFICATE NUMBER:	
INSURED	
Name and Occupation	
Address and (Day) Tel. No.	
LOSS/DAMAGE OCCURANCE	
Date and Time of Loss/Damage	
When was Loss/Damage discovered?	
LOSS/DAMAGE PLACE	
Place where Loss/Damage occurred	
Were premises occupied?	
By whom?	
If not occupied, when last occupied?	
Purpose of occupation	
CAUSE OF LOSS/DAMAGE	
Describe fully how the loss or damage occurred stating how (If applicable) entry was gained to premises.	
If loss/damage caused by another party give name and address.	
PREVIOUS LOSS/DAMAGE	
Have you previously suffered a Loss/Damage?	
If so, give details.	
If insured, provide name and Insurer.	
POLICE	
Police Ref. No.	
Station	

Date reported	
OTHER INTEREST	
Has any other party an Interest in the insured property, e.g. Credit Agreement?	
OTHER INSURANCE	
Is there any other insurance covering this Loss/Damage?	
If so, give name of Insurer	
VALUE	
Estimate total value of all the property insured under the policy.	
When last valued?	
DECLARATION	

I / We solemnly declare that I / We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my / our possession immediately prior to the said loss / damage which occurred in the circumstances described above.

In order to provide you with the required service we are required to process your personal information and will do so lawfully in accordance with our business requirements and legal obligations. You acknowledge that the personal information may be verified and/ or processed for insurance, financial services and risk management purposes by our Group of companies against any other reasonable and legitimate sources or database to ensure the accuracy and completeness of any personal information provided on an ongoing basis. We will process your personal information for the following purposes:

- Quoting, underwriting, pricing, servicing and executing of insurance and other financial services;
- Assessment of financial and insurance risks;
- Assessment and processing complaints;
- Development and improvement of products and services;
- Credit references and/or verification of personal information;
- Fraud prevention and detection;
- Market research and statistical analysis;
- Audit & record keeping;
- Compliance with legal & regulatory requirements;
- Sharing of information with service providers and other third parties we engage to process such information on our behalf or who we render services to us; and
- Sharing of insurance and claims information with other insurers and industry bodies for legitimate reasons such as fraud prevention and claims validation.

We may transfer your personal information outside the borders of South Africa if required to provide any of the services.

You may access your personal information that we hold and may object to the processing of your personal information or



request us to correct any errors or to delete this information if there is no legitimate reason for us to maintain the information.

Please view our privacy and access to information manual on our website for further information.

Details of the Information Regulator of South Africa:

010 023 5200 / enquiries@inforegulator.org.za

Insured's signature: _____

Capacity: _____

Date: _____



1 Telesure Lane, Riverglen, Dainfern, 2191. Website: www.renasa.co.za
Licensed non-life insurer and FSP. Registration number 1998/000916/06.



