

PERSONAL ACCIDENT CLAIM FORM

INSURER			
CLAIM NO.			
POLICY NUMBER			
INSURED			
Claimant's Full Name			
Telephone Number			
Postal Address			
Email Address			
ACCIDENT			
Date of Accident			
Place where accident occurred			
State exactly how the accident occurred			
Nature of Injury			
PAYMENT METHOD			
Payment in favour of			
Name of Bank		Branch & Code	
Name of Account Holder		Account Number	
DECLARATION			
I CERTIFY THAT THIS CLAIM IS RELATED SOLELY TO THE INJURY DESCRIBED HEREIN.			
SIGNATURE OF INSURED: _____			
DATE SIGNED: _____			
ATTACHMENTS			
Documents to be attached: Medical Reports & Supporting Documents i.e. Payslip etc.			



Your authorisation to your insurer:

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@info regulator.org.za

