



Company Reg. No: 2008/005015/07 Vat Reg. No: 4350242386
Compliance Officer: Moonstone Compliance
Authorised Financial Service Provider – FSP No. 40752

Old Mutual Insure Limited,
Registration Number 1970/006619/06.
A licensed FSP and non-life insurer. (FSP12)

THIS CLAIM FORM MAY NOT BE USED FOR MOTOR / FIRE / LIABILITY LOSSES
*** WE RESERVE THE RIGHT TO REQUEST A FULLY COMPLETED CLAIM FORM IF SO REQUIRED!***

INSURED			
Policy Number:			
Name:			
Occupation:			
Address:			Code:
Tel. Number:	(H)	Tel. Number:	(W)
Cell Number:		Fax Number:	
E-mail:			
Identity Number:			

PLEASE ANSWER QUESTIONS / COMPLETE IN FULL:

1.	Address of the premises at which the theft / loss / damage occurred:				
					Code:
2.	Date of alleged Loss:		3.	Police Ref. Number:	
4.	Police Station				
5.	Description of Loss / Damage:				
6.	Were the premises inhabited at the time of the Loss?			YES	NO
7.	Do you suspect anyone of the theft?			YES	NO
	If yes, provide details:				
8.	Is the property, which is the subject of this claim, insured against the Loss or Damage, described above by any other insurance?			YES	NO
	If yes, provide details:				

LIST OF STOLEN PROPERTY						
Qty	Description of Property	Date Acquired	Purchased From	Purchase Price	Deduction for Depreciation / Salvage Value	Amount Claimed

FAST TRACK CLAIM UNDER R20 000

STRAIGHT THROUGH PROCESS / FAST TRACK CLAIMS

Documentation required:

- Claim form completed and signed by insured with description of loss
- Detailed list of stolen/damaged items
- One quotation per item
- Documentation which confirms item identification
- Proof of forced entry – vehicle
- Proof of blacklisting in the case of cell phone claims
- Salvage in our possession prior to settlement
- SAP reference number in the case of stolen items
- Damage report on item(s) claimed
- Proof of ownership of item (purchase invoices)

NOTE:

Laptop claims and Lightning damage claims do not fall within the ambit of Fast Track Claims

Upon receipt of all minimum requirements as listed above, settlement will be effected without the signing of a Tender of Settlement or an Agreement of Loss.

FOR RECORD PURPOSES, PLEASE COMPLETE THE BELOW INFORMATION, SHOULD THE CLAIM BE APPROVED

VAT VENDOR:

Yes	No
-----	----

If Yes, provide your VAT no #: _____

1. I/we confirm, that should the claim be approved in terms of the policy, the Nett amount is to be paid into the same bank account details as per the current monthly premium collection via debit order, as confirmed below:

2. I/we confirm, that should the claim be approved in terms of the policy, the Nett amount is to be paid into different bank account details, current dated proof of bank details attached and reason for not utilising existing details, as confirmed below:

CONFIRMATION OF BANK DETAILS AS INDICATED ABOVE (1 OR 2)	
BANK NAME:	
BRANCH CODE:	
ACCOUNT HOLDER:	
ACCOUNT NO:	
ACCOUNT TYPE:	
If option 2 selected the Co Insured name & signature is required:	
If option 2 selected, a Valid reason for different bank details:	
The Insured name and signature always required:	

The above has been implemented to minimise financial risk to the Insured and Insurer.

Thank you for complying.

Signed at _____ on this _____ day of _____ 20_____.

Insured Signature

Witness

Designation: _____

DECLARATION

I/WE HEREBY DECLARE THE FOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT.

I/We _____ undertake to accept, subject to the terms and conditions of the policy number

_____ and subject to the acceptance of this claim by a duly authorised official of Frontline Underwriting Managers (Pty) Ltd / Old Mutual Insure Ltd, without admission of, or denial of, any liability whatsoever the following:

Subject to the Company accepting liability, I/We offer to accept any agreed amount of settlement of loss/damage in full and final settlement and discharge all claims of whatsoever nature arising out of the aforementioned incident(s). My / Our signature hereby constitutes this guarantee. Subject to the Company accepting liability, any offer of settlement is subject to adjustment in respect of any Policy deductions which may not have been taken into account.

I/We declare that there is no other Insurance which could be brought into account and undertake to give the company and its legal representatives all reasonable co-operation and assistance in connection with any rights of subrogation which the company may elect to exercise.

Subject to the company accepting liability: in the event that payment is effected to me/us of the agreed amount of loss I/We hereby authorise the company irrevocably and in *Rem Suam* in my/our name to dispose of the salvage of and to retain any proceeds so obtained as its sole and absolute property.

SIGNATURE OF INSURED
DESIGNATION: _____

DATE

NAME IN PRINT: _____

PRIVACY NOTICE – PROTECTION OF PERSONAL INFORMATION ACT (“POPIA”)

We understand that your personal information is important to you and that you may be apprehensive about disclosing it. Your privacy is just as important to us and we are committed to safeguarding and processing your information in a lawful manner.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

YOUR rights

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information. You also have the right to complain to the Information Regulator.

To view our full privacy notice with contact details for the Information Regulator, please visit our website on:

<https://frontlineinsurance.co.za/popi/>