



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)

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:

DETAILS OF CLAIM			
1.	When was the loss discovered?		
2.	Give the names of the defaulting employees and their respective positions. (Use separate page if necessary)		
a)	Name:	b)	Position:
a)	Name:	b)	Position:
a)	Name:	b)	Position:
3.	Police Station:	Police Ref.	Date obtained:
4.	State the period during which the Default took place		
5.	What is the Total Amount of the Loss	R	
6.	Give full details of how this amount was calculated (Use separate page if necessary)		
7.	Has the amount been certified by Accountants or Auditors? (If yes, attach the Accountant/Auditor report)	YES	NO
8.	Have the employees been involved in or been suspected of any previous losses?	YES	NO
	If yes, please provide details:		
9.	Provide full details of the circumstances of the Loss and how it was discovered:		
10.	What steps have been taken to prevent a reoccurrence?		

11.	Have any other monies due to the defaulting employee been withheld?				YES	NO
	If Yes, provide details	SALARY	R	COMMISSION	R	
		PENSION/GRATUITY	R	LEAVE PAY	R	
		OTHER	R	OTHER	R	
7.	Do you have any other Guarantee or Security for the employee/s?				YES	NO
	If yes, please provide details:					

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

VAT VENDOR:

Yes	No
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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

PLEASE READ THE FOLLOWING DECLARATION VERY CAREFULLY AND READ AGAIN THE QUESTIONS AND ANSWERS, BEFORE SIGNING THE FORM

I/We declare that the statement and particulars in this claim form are true to the best of my/our knowledge and belief and that I/we have not misstated, suppressed or omitted any material facts.

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/popii/>