



REAM[®]

INSURANCE BROKERS (PTY) LTD EST 1989

REGISTRATION NUMBER: 2001/023867/07

AUTHORISED FINANCIAL SERVICES PROVIDER. LICENCE NUMBER 1422

MOTOR OWN DAMAGE CLAIM FORM

Important Terms Relating to any Claimable Event:

This is not an exhaustive version of the terms applicable. For a full overview of all terms and conditions applicable, please refer to your policy wording. Further please be aware that any proposal form completed by the insured forms the basis of the contract with the insurers and that this information does in no way replace, supersede or alter any policy conditions.

- a) This claim form with supporting claim documents must be completed and returned to our offices within 30 days from occurrence of the event;
- b) Please take note of reporting requirements to the SAPS and associated timeframes as stipulated in your policy schedule. Failure to adhere to these timeframes may lead to your claim being rejected by your insurers;
- c) Under some policy sections you are liable for the first amount payable ("excess") of any claim by your insurers in terms of your policy. The applicable excesses are set out in your policy schedule;
- d) Kindly only liaise with the claims department at all times for any queries or progress requests;
- e) The issue of this claim form is not an admission of liability;
- f) Please take note of the policy conditions which stipulate that no admission, offer, promise, payment or negotiation shall be made to any person without the written consent of the Insurers. Any such activity may negatively affect your claim and the subrogation rights of the Insurers;
- g) Any misrepresentation of facts or information by the insured or anyone representing the insured herein, may lead to the claim being rejected by your insurers.
- h) Any fraudulent actions by the insured or anyone representing the insured herein may lead to the claim being rejected and your policy being void by your insurers.
- i) Kindly take note that you may be liable for output VAT in terms of section 8(8) of the VAT Act 89 of 1991.
- j) All information must be completed – no blank spaces.
- k) Should you have a complaint about us or any aspect relating to a service provider in relation to your claim, you may direct your complaint in writing to the claims consultant assisting you or to complaints@reambrokers.co.za.

ATTACH: Repair quote and latest copy of drivers license

INSURED DETAILS	POLICY NUMBER:
NAME	
ADDRESS	

Director: R.V. du Plessis A.C.I.I A.I.I.S.A Chartered Insurance Practitioner (CEO)

Physical Address: 397 Roslyn Avenue, Waterkloof Glen, Pretoria, 0010

Postal Address: Postnet Suite 175, private Bag X1, Woodhill, 0076

Email: info@tuffstuff.co.za

Tel : 0861 44 44 00 | **Fax :** 011 394 8917

CONTACT NUMBER	CELL:	WORK:
ID NUMBER/ VAT NUMBER		
OCCUPATION		
PREVIOUS INSURER & POLICY NO		
ARE THERE ANY CLAIMS NOT PREVIOUSLY DECLARED BY YOURSELF		
ARE YOU OR HAVE YOU EVER BEEN UNDER DEBT REVIEW?		
ARE YOU OR HAVE YOU EVER BEEN DECLARED INSOLVENT?		
DRIVER OF VEHICLE		
NAME AND OCCUPATION		
ADDRESS , TEL NO & EMAIL		
ID NUMBER		
DRIVING LICENSE	NO:	DATE: CODE: FULL/LEARNER:
LICENSE ENDORSED?		
PHYSICAL DISABILITIES OF DRIVER		
PURPOSE USED- PRIVATE/BUSINESS		
DRIVING WITH INSURED'S PERMISSION		
WAS HE/SHE IN YOUR EMPLOY		
DETAILS OF PREVIOUS CONVICTIONS/OFFENCES		
VEHICLE		
MAKE		
MODEL & YEAR		
REGISTRATION & VIN		
PURCHASE/CREDIT AGREEMENT		
IS THE VEHICLE INSURED UNDER ANY OTHER POLICY?		
DAMAGE TO VEHICLE		
DAMAGE TO VEHICLE		
REPAIRER NAME & CONTACT NO		
WHERE CAN DAMAGE BE ASSESSED		

INJURIES TO PASSENGERS		(IN INSURED VEHICLE)					
NAME & ID:		INJURIES:					
NAME & ID:		INJURIES:					
THE ACCIDENT							
DETAILS	DATE:	TIME:	PLACE:				
SPEED	BEFORE IMPACT:		AT MOMENT OF				
	IMPACT:						
WEATHER CONDITIONS							
WERE YOUR LIGHTS ON							
POLICE DETAILS-STATION/REF NO							
WERE THE POLICE AT THE SCENE OF ACCIDENT		OFFICER:					
WAS ANY ALCOHOL/DRUGS CONSUMED PRIOR TO THE ACCIDENT?							
ANY PERSONS TESTED FOR ALCOHOL/DRUGS							
FULL DESCRIPTION OF ACCIDENT							
SKETCH OF ACCIDENT- SHOW CLEARLY THE POINT OF IMPACT & DIRECTION OF TRAVEL							

1. MISREPRESENTATION.

Your insurance policy forms the contract between you and your Insurers as stated in the policy schedule. Any statement made by you or on your behalf will form the basis of this claim and be part thereof. It is warranted that if this claim or any part thereof has been projected through omission to state any material fact, or through any misstatement or misrepresentation by you or by anyone acting on your behalf, or it in any statement or declaration made in support of any claim there shall be any untruth or suppression, then this claim is null and void and all rights and benefits extended herein will be absolutely forfeited.

2. YOUR WARRANTEE TO INSURERS.

I/we warrant the truth of the answers to the above questions and i/we declare that no information has been withheld and that the amount claimed presents my/our loss arising from the above stated occurrence.

3. CONSENT TO PROCESS PERSONAL INFORMATION.

By completing and submitting this claimform;

- a) You acknowledge that the processing of claims information and underwriting information (including credit information or information regarding criminal offences and behaviour) is essential to enable the Insurance Industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims, in the public interest and with a view to limiting the cost of premiums.
- b) On behalf of yourself and on behalf of any person you represent herein, you hereby consent to the processing of any such information provided by you or on your behalf as per a) above.
- c) Further, to give effect to the insurance contract entered into between yourself and the insurers, we must share certain personal information with third parties such as assessors, car rental agencies, investigators, other insurance companies or its agent(s) and any other service supplier/provider.
- d) You consent the sharing of information as per c) above.
- e) You consent to the sharing of your personal information with third parties located outside of the RSA to give effect to certain policy benefits, e.g., Repatriation or medical evacuation.
- f) You consent to the sharing of your personal information in circumstances where we have a duty or a right to disclose in terms of law or industry codes, or where we believe it is necessary to protect our rights.
- g) You further consent to the verification of the information provided by you or on your behalf against other legitimate sources or databases including the use of Artificial Intelligence.
- h) You waive any rights of privacy and consent to the disclosure of any information relevant to any insurance policy or claim concerning yourself.
- i) You consent that we may perform a credit search and we may monitor your behaviour on your profile on the centralized claims database hosted by ITC, when assessing your insurance claims.
- j) You consent that we may use new information or data obtained from ITC in respect of your future policy applications.
- k) You consent to the recording of the the existence of your policy with the centralized claims database hosted by ITC.
- l) You consent that we may record and transmit details of how you have conducted your policy payments in meeting your obligations on the policy. (see clause 9 of your Policy wording)
- m) REAM is committed to protecting your privacy and to ensure your personal information is processed lawfully, fairly, transparently and in line with the Protection of Personal Information Act, 4 of 2013. A copy of our Privacy Statement which explains the information we process about you, the purpose of processing, sharing, retention and your associated rights in this regard can be requested from our offices to info@reambrokers.co.za or downloaded from our website [here](#).

n) By completing and submitting this claimform to us you declare that you give consent to REAM Insurance Brokers (Pty) Ltd to process your personal information, subject to the conditions as set out above and in our Privacy Statement.

Signed at _____ on this _____ day of _____ 20_____

Full Names of Insured _____, ID Number of Insured _____

Signature of Insured _____

If this claimform is completed by any person other than the insured, you hereby warrant that you have consent from the insured to submit this information on their behalf. Please complete below:

Name and Surname _____

ID Number _____

Signature _____

1.