



PUBLIC LIABILITY CLAIM FORM

POLICYHOLDER DETAILS

Policyholder			
Policy Number		Cell Number	
Email		Tel Number (W)	
Business Address			
		Code	

DETAILS OF LOSS /DAMAGE

Date of Loss		Time of Loss:	
Description of Loss			
Estimated Amount of Loss			

WITNESS DETAILS

Name		Tel Number (W)	
Cell Number		Tel Number (H)	
Address			

POLICE

Name of Officer who recorded details of accident		Date of report	
Police Station		Police Ref no	

DETAILS OF PROPERTY DAMAGE

Name of owner	
Address	
Description of loss or damage	



INJURED PERSON DETAILS

Name		Tel Number (W)	
Cell Number		Tel Number (H)	
Address			
Age of injured		Details of injuries	

RELATIONSHIP DETAILS

If a person named above is in your service, or your tenant, or related to you, give full details

Name		Work Number	
Cell Number		Tel Number	
Address			

CLAIM

If a claim has been, or is being made against you, give details and attach any correspondence

Name of person claiming from you		Tel Number (W)	
Cell Number		Tel Number (H)	
Address			
Description of incident			

PROCESSING NOTICE

This Notice is a summary of our Privacy Policy which describes how ONE, as responsible party, process your personal information as data subject, in terms of the Protection of Personal Information Act, 4 of 2013, (POPIA). For the full version please [click here](#) or contact us for a copy.

Your personal information will be collected and processed to enable ONE to give effect to your insurance policy in the processing of your claim. The processing of your personal information is mandatory to enable ONE to investigate the validity of your claim, eliminate any duplication of the claim and to quantify a valid claim. Should you choose to not provide us with your personal information we will not be able to process your claim.

ONE

Your personal information may be shared internally with employees required to process the claim and externally with ONE's affiliated companies, companies who supply services to ONE such as legal, administrative, and investigative services and other insurers. All third parties will only be provided with the personal information required for the purpose the information is being processed.

ONE has high levels of security in place to protect your personal information and require all third parties to comply with the standards as set out in POPIA.

You are entitled to ask ONE as responsible party for the particulars of personal information held as well as identity of any person who had access to such personal information. You may also request ONE to correct any incorrect information and to delete personal information under certain circumstances.

DECLARATION

I declare that the answers given, whether in my handwriting or not, are true and complete to the best of my knowledge and belief and will form the basis of the claim.

I understand that any misrepresentation or non-disclosure of material facts shall render the claim null and void. Note: a material fact is one which may influence the assessment or acceptance of your claim. If you are in doubt as to the relevance of any information, please give details.

I understand that by signing this form, I consent to the processing of personal information for its designated purpose in terms of the POPI Act.

I confirm that I will assist ONE or their representatives in any way relevant to assess, validate and finalise this claim. I confirm that this document was completed freely and without intimidation or coercion by any party.

I confirm that the affixed signature is mine or that of my/our appointed authorised representative and that the signature binds the insured in all material respects.

Signed at: _____ Date: _____

Full Name: _____ ID Number: _____

Signature

Designation