

Claim Form

Road Accident Family Protection Plan (Injury Cover)

Please complete a separate form for each person a claim is being lodged for.

SECTION A: POLICYHOLDER DETAILS

Title	<input type="text"/>	Full names	<input type="text"/>
Surname	<input type="text"/>		
Date of birth	<input type="text" value="DD/MM/YYYY"/>	Identity number	<input type="text"/>
Policy number	<input type="text"/>	Medical aid name	<input type="text"/>
Medical aid membership number	<input type="text"/>		

SECTION B: FIRST INJURED DETAILS

(please complete the addendum at the end of the claim form if there were more than one injured persons)

Title	<input type="text"/>	Full names	<input type="text"/>
Surname	<input type="text"/>		
Date of birth	<input type="text" value="DD/MM/YYYY"/>	Identity number	<input type="text"/>
Relationship to policyholder	<input type="text"/>		
Date admitted to hospital as in-patient	<input type="text" value="DD/MM/YYYY"/>	Time admitted to hospital as in-patient	<input type="text" value="HH:MM"/>
Date discharged from hospital as in-patient	<input type="text" value="DD/MM/YYYY"/>	Time discharged from hospital as in-patient	<input type="text" value="HH:MM"/>
Hospital name	<input type="text"/>		
Hospital file number	<input type="text"/>		
Name of medical practitioner/s who treated the injured	<input type="text"/>		
Medical practitioner/s telephone number	<input type="text"/>		

Provide details of the injury sustained due to the accident:

Parts of body injured and degree of injuries	Minor	Fairly severe	Severe
Head			
Chest			
Neck			
Abdomen			
Back			
Upper limbs			
Lower limbs			
Pelvis			

Provide full details of the nature of the injury and why hospitalisation was required:

Provide full details of treatment received during hospitalisation:

SECTION C: DETAILS OF THE ACCIDENT

Date of accident

Time of accident

Where did the accident occur?

Was the injured travelling as a passenger or driver in one of the vehicles or a pedestrian? Driver Passenger Pedestrian

Name of driver of the vehicle the injured was travelling in

Driver's license number

Registration number of the vehicle

Police case reference number

Police station at which the accident was reported

Short term insurance company name

Policy number

Was a claim lodged for the accident damage to the vehicle? Yes No

SECTION D: SUPPORTING DOCUMENTATION REQUIRED

1. Copy of the insured ID document.
2. Copy of the police report on the accident.
3. The Accident Report setting out the full details of the accident.
4. Copy of the driver's driver license.
5. Hospital records and accounts which clearly states date admitted to hospital and discharged date as well as details of the treatment received.
6. Medical report completed by the doctor who treated the injured.
7. If the injured is the spouse or child of the policyholder:
 - Spouse – a copy of the marriage certificate or an affidavit confirming customary marriages and ID document of the spouse.
 - Child – a copy of the birth certificate.
 - Step child – a copy of marriage certificate or an affidavit confirming customary marriage, ID document of the spouse and birth certificate of the child.
 - Adopted child – copy of adoption papers and birth certificate of the child.
8. Proof of bank account not older than 3 (three) months.

SECTION E: CLAIM PAYMENT BANK ACCOUNT DETAILS

Full name of account holder

Surname of account holder

Identity number of account holder

Relationship to injured	<input type="text"/>		
Bank name	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/>
Account number	<input type="text"/>	Account type	<input type="text"/>

SECTION F: DECLARATION BY PERSON COMPLETING THIS FORM

I declare that the above particulars are true in every respect and I attach copies of all hospital and other medical records and accounts.

I hereby authorise my medical aid, short term insurance company, any hospital, physician, police station or other person who has attended or examined any of the injured or deceased persons listed under section B above, to furnish to Guardrisk or its authorised representative any information with respect to the accident related injury, medical history consultation, prescriptions or treatment and copies of all hospital or medical records. Such information could relate to medical information or benefit information. A photocopy of this authorisation shall be considered as effective and as valid as the original.

I further authorise Guardrisk or its authorised representative to share any information obtained as referred to above with my appointed policy Financial Advisor. By giving this authority I agree that any of the parties providing Guardrisk or its authorised representative with information will not be held responsible for any claim that results from the wrongful use or disclosure of information by Guardrisk or its authorised representative.

Title	<input type="text"/>	Full names	<input type="text"/>
Surname	<input type="text"/>		
Telephone number	<input type="text"/>		
E-mail address	<input type="text"/>		
Cellphone number	<input type="text"/>		

Signature _____

SECTION G: PROCESSING OF PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the Applicable Laws.

You hereby agree to give honest, accurate and up-to-date Personal Information which may be used for the following reasons:

- to establish and verify your identity in terms of the Applicable Laws;
- to enable Us to fulfil our obligations in terms of this Claim;
- to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
- reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your Personal Information secure and confidential:

- Payment processing service providers, merchants, banks and other persons that assist with the processing of any benefit payable;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the Applicable Laws, are required to share your Personal Information with; and
- Credit Bureau's.

You acknowledge that any Personal Information supplied to Us in terms of this Claim is provided according to the Applicable Laws. Unless consented to by yourself, We will not sell, exchange, transfer, rent or otherwise make available your Personal Information to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent. Such Personal Information provided (voluntarily, unconditionally and specifically) will be utilised by Us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the Applicable Laws.

You understand that if We have utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

Addendum

Other Injured Details

Please complete an addendum for each person injured.

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Surname	<input type="text"/>		
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