

POLICYHOLDER DETAILS

Policyholder:	Intermediary:	
Policy number:	Vat number:	
Contact person:	Contact number:	
Risk address:		Postal code:

OCCURRENCE

Date of breakage:	Time of breakage:
Cause of breakage:	
Name of person responsible for breakage:	
Address of person responsible for breakage:	Postal code:
Full name of witness 1:	Address:
Full name of witness 2:	Address:

PREMISES / DWELLING

Address where the breakage occurred:	Postal code:
Was premises occupied? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, by whom:	
Purpose of occupation:	

VEHICLE

Vehicle make & model:	License number:	VIN number:
Driver's name:	Year of registration:	Registration number:
Current vehicle location:	Date of first issue:	
Windscreen: Tinted <input type="checkbox"/> Clear <input type="checkbox"/>	Windscreen: Shatterproof <input type="checkbox"/> Generic <input type="checkbox"/> Armourplated <input type="checkbox"/>	

DETAILS OF BROKEN GLASS

Full description of broken glass:	
Size and thickness in millimeters:	Is the glass: Chipped <input type="checkbox"/> cracked <input type="checkbox"/> or shattered <input type="checkbox"/>
Any sign writing on the glass: Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
Is there any other insurance covering the broken glass: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, provide name of insurer:	

DECLARATION

I/We declare that to the best of my/our knowledge the above statements and information provided is true and correct.

Signed at: _____ on ____/____/____

Policyholder signature _____ Full name of signatory: _____

PROTECTION AND PROCESSING OF PERSONAL INFORMATION

We value the importance of your right to privacy and we are committed to the protection of your personal information.

We will process your personal information:

1. as it is collected directly from you by the intermediary and never for the purposes of *direct marketing*.
2. only as necessary to carry out our rights and obligations in terms of the insurance contract, to which you are a party
3. in compliance with all prescribed obligations of Zenith and the insurer.
4. where it will protect your legitimate interests.
5. if it is necessary for the proper performance of a legal duty by Zenith or the insurer.
6. in pursuit of the legitimate interests of Zenith and/or the insurer.
7. in pursuit of the legitimate interests of a third party to whom the information is supplied in terms of the insurance contract.
8. where the information relates to a *data subject* under the age of 18, only after consent is obtained from the *competent person*.

CONSENT FOR PROCESSING PERSONAL INFORMATION

I/We consent to the *processing* of my/our *personal information*, as defined by the Protection of Personal Information Act 4 of 2013, by Zenith for the Accomplished for underwriting and claims processes as well as the administration of the policy.

Signed at: _____ on _____ / _____ / _____

Policyholder signature: _____ Full name of signatory: _____

CONSENT FOR PROCESSING PERSONAL INFORMATION OF A CHILD

I/We as the parent / legal guardian of the *child / children* described herein, if applicable, hereby consent to the *processing of personal information* by Zenith for the Accomplished, of the respective *child / children* provided.

Signed at: _____ on _____ / _____ / _____

Parent/Legal guardian signature: _____ Full name of signatory: _____