

## POLICYHOLDER DETAILS

|                |  |              |              |
|----------------|--|--------------|--------------|
| Intermediary:  |  | Insurer:     |              |
| Policyholder:  |  |              |              |
| Policy number: |  | Cell number: |              |
| Email address: |  |              |              |
| Address:       |  |              | Postal code: |

## SUBMITTING YOUR CLAIM

Please include the following along with this completed and signed claim form:

1. Use your policy number and full name or company name as reference in the email subject line.

2. Please indicate by ticking the boxes below that you have included:

- 2.1 Copy of last service invoice.
- 2.2 Copy of the vehicle registration certificate.
- 2.3 Keys of the vehicle, if the vehicle is stolen.
- 2.4 Quotation/s for all stolen accessories or parts.
- 2.5 Clear photographs of the vehicle, accessories or damage.

## VEHICLE DETAILS

|   |  |        |                       |       |  |
|---|--|--------|-----------------------|-------|--|
| Make:   |  | Model: |                       | Year: |  |
| Registration number:  |  |        | Kilometers completed: |       |  |
| VIN/Chassis number:   |  |        | Date purchased:       |       |  |
| Engine number:  |  |        | Purchase price:       |       |  |
| Exterior colour:  |  |        | Interior colour:      |       |  |
| Anti-theft device: Yes <input type="checkbox"/> No <input type="checkbox"/> |  | Type:  |                       | Make: |  |
| Details of scratches / dents / defects on the vehicle:                      |  |        |                       |       |  |
| Please list any other features that could assist identification:            |  |        |                       |       |  |

## DETAILS OF THEFT

|   |  |   |                 |                                     |  |
|---|--|---|-----------------|-------------------------------------|--|
| Date of theft:  |  | Time of theft:                            |                 |                                     |  |
| Please specify what was stolen? Vehicle and accessories <input type="checkbox"/>                          |  | Accessories only <input type="checkbox"/> |                 | Parts only <input type="checkbox"/> |  |
| Place where theft took place:   |  |   |                 |                                     |  |
| Was the vehicle locked at the time of the theft? Yes <input type="checkbox"/> No <input type="checkbox"/> |  |   |                 |                                     |  |
| Name of witnesses   |  | Contact number                            |                 | Address                             |  |
| 1.  |  |   |                 |                                     |  |
| 2.  |  |   |                 |                                     |  |
| SAPS case number:   |  | Date reported:                            |                 | Reported by:                        |  |
| Attending officer:  |  |   | Police station: |                                     |  |

**DESCRIPTION OF CIRCUMSTANCES**

|  |
|--|
|  |
|--|

**LIST OF STOLEN ACCESSORIES AND PARTS**

| No  | Description | Qty | Date acquired | Purchased / acquired from | Purchase value | Amount claimed |
|-----|-------------|-----|---------------|---------------------------|----------------|----------------|
| 1.  |             |     |               |                           |                |                |
| 2.  |             |     |               |                           |                |                |
| 3.  |             |     |               |                           |                |                |
| 4.  |             |     |               |                           |                |                |
| 5.  |             |     |               |                           |                |                |
| 6.  |             |     |               |                           |                |                |
| 7.  |             |     |               |                           |                |                |
| 8.  |             |     |               |                           |                |                |
| 9.  |             |     |               |                           |                |                |
| 10. |             |     |               |                           |                |                |

## REGISTERED OWNER DETAILS

|            |                         |
|------------|-------------------------|
| Full name: | ID/Registration number: |
|------------|-------------------------|

## FINANCE DETAILS

|                           |                             |
|---------------------------|-----------------------------|
| Financier:                |                             |
| Account number:           | Agreement type:             |
| Original amount financed: | Outstanding finance amount: |

## DECLARATION

I/We declare that to the best of my/our knowledge the above statement/s 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: \_\_\_\_\_