

## PASSENGER LIABILITY & PERSONAL ACCIDENT

### CLAIM FORM (RSUM)

#### IMPORTANT

THIS FORM IS REQUIRED IN ORDER TO ASSESS A PENDING CLAIM UNDER A POLICY OF INSURANCE.

THE ISSUE AND COMPLETION OF THIS FORM DOES NOT IN ANY WAY IMPLY, CONSTRUE OR ADMIT LIABILITY BY THE INSURER. ONLY A FULLY COMPLETED CLAIM FORM CAN RECEIVE OUR CONSIDERATION.

THIS FORM IS TO BE COMPLETED BY THE POLICYHOLDER OR HIS/HER LEGAL REPRESENTATIVE.

#### GENERAL INFORMATION

##### POLICY HOLDER'S DETAILS

Policy Number		Company / Full Name	
Contact Number		Email Address	

##### INCIDENT DETAILS

Type of Incident		Date of Incident	
Place of Incident		SAPS Police Case No.	
Vehicle Reg. No.			

Describe how the incident occurred

##### Please provide:

- A clear copy of the driver's licence
- A statement from the driver (when possible)

##### IF YOU ARE CLAIMING ON BEHALF OF ANOTHER, PLEASE COMPLETE THIS SECTION

Nature of Relationship		Full Name	
ID Number		Contact Number	
E-Mail Address			
Physical Address			

##### Please provide:

- Affidavit confirming relationship
- ID of person claiming

NATURE OF PERSONAL ACCIDENT CLAIM	
Claim Description:	<input type="checkbox"/> PA - Permanent Disability
Claim Description:	<input type="checkbox"/> PA - Hospitalisation
Claim Description:	<input type="checkbox"/> PA - Funeral Benefit portion of the Death Benefit
Claim Description:	<input type="checkbox"/> PA - Death Benefit

DETAILS OF <u>INJURED</u> PASSENGER(S) (Please provide a separate claim form for each person)			
Full Name			
ID Number			
Contact Number			
E-Mail Address			
Physical Address			
Please provide details of the nature of the injuries			
Name of Hospital	Name of Doctor	Telephone	Email

**IMPORTANT:**

In the case of a hospital stay, it's imperative that the relevant hospital provides documentation (Letter or Email) verifying the following minimum information:

**Patient Name, ID Number, Date and Time of Admittance, Date and Time of Discharge**

DETAILS OF <u>DECEASED</u> PASSENGER(S) (Please provide a separate claim form for each person)	
Full Name	
ID Number	
Physical Address	
<b>Please provide:</b>	
<ul style="list-style-type: none"> <li>• A copy of the death certificate</li> <li>• Body identification form</li> <li>• Deceased person's ID/ birth certificate</li> </ul>	

DECLARATION / AUTHORISATION	
I/We declare that the above particulars are true in every respect.	
<b>Name of Signatory</b>	
<b>Capacity</b>	
<b>Date</b>	
<b>Signature</b>	