

## Property Damage / Public Liability Claim Form

### Broker details

Broker		
Tel No	Fax No	Policy Number

### Insured details

Full name of insured		
Postal address		Postal code
Telephone	Fax	
Email	Cell	

### Details of loss

Date of loss	Number of units damaged?	
Address where loss occurred		
Were the premises occupied at the time of the loss? Yes      No      If not, when last was it occupied?		
Purpose of occupation		
Description of damage to property OR of injury or damage to Third Parties		
What caused the Loss / Damage or Injury?		

Estimate of damage or amount claimed by Third Parties

### Police station

In the event of loss or damage due to Theft: Police reference / case number

Police station

Date reported

### Third party details

Details of Third Party in respect of Public Liability claims

Name

Address

Tel No

Fax No

Cell

### Witness details

Name

Address

Tel No

Fax No

Cell

### POPI consent and declaration

#### Consent to processing of personal information

The personal information provided by the potential policyholder and/or its representatives in terms of this insurance policy application will be used:

- By the underwriting manager, insurer, its employees and service providers for the provision of policy benefits, underwriting and administration of the policy, statistical analyses and the investigation and processing of claims in terms of the policy;
- To confirm risk information, risk management data, information from public sources including but not limited to addresses, and to verify ownership;
- To comply with legal and regulatory requirements as well as industry codes

We will take all reasonable steps to ensure that all personal information is used, processed and stored in accordance with the relevant legislation, including but not limited to PAIA and POPIA. Select this link to view our PAIA and POPIA Manuals: <https://cia.co.za/legal>

I hereby confirm that all of the Personal Information provided above is accurate and is supplied voluntarily. I hereby authorise processing of my Personal Information as set out above and I understand the purposes for which it is required.

I/We declare that the particulars and declarations are correct and complete and include all information known to me/us. It is further declared and understood that should this application be completed by the broker/agent of the insured, the broker/agent will be considered to have been authorised to act as the insured's agent for the purpose of completing the application.

Date

Signature of insured or broker