



## BUSINESS INTERRUPTION CLAIM FORM

### POLICYHOLDER DETAILS

Policyholder		Policy Number	
Cell Number		Email	

### IMPORTANT NOTICE

Please have regard to Specific Condition 2 of the Business Interruption section on the policy as read with the General Conditions, defined events and relevant extension.

Incorrect or non-disclosure by you of material information may impact on any claims arising under your policy.

### CLAIMS INFORMATION

Please complete the following questions and include all supporting documentation.

Date of Loss	
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1. A written statement setting out the particulars of claim

2. Details of the alleged loss

3. What steps taken to date, and what steps are intended to be taken to avoid or diminish the alleged loss



## DOCUMENTATION

1. Are there any other insurances that cover the alleged loss or part of it? If so, please advise and provide copies of same
2. Your most recent financial statements
3. The last two years of your management accounts immediately preceding the alleged loss
4. The management accounts for each month for the duration of the alleged loss
5. Your last two years budgets immediately preceding the alleged loss
6. Your last two years occupancy records
7. Your budget and occupancy records for the twelve-month period post the date of the inception of the alleged loss or any earlier date you lodged your final claim
8. Where applicable, all VAT returns for the last two years immediately preceding the alleged loss

The list is not exhaustive and further documentation and information may be required.

## PROCESSING NOTICE

This Notice is a summary of our Privacy Policy which describes how ONE, as responsible party, process your personal information as data subject, in terms of the Protection of Personal Information Act, 4 of 2013, (POPIA). For the full version please [click here](#) or contact us for a copy.

Your personal information will be collected and processed to enable ONE to give effect to your insurance policy in the processing of your claim. The processing of your personal information is mandatory to enable ONE to investigate the validity of your claim, eliminate any duplication of the claim and to quantify a valid claim. Should you choose to not provide us with your personal information we will not be able to process your claim.

Your personal information may be shared internally with employees required to process the claim and externally with ONE's affiliated companies, companies who supply services to ONE such as legal, administrative, and investigative services and other insurers. All third parties will only be provided with the personal information required for the purpose the information is being processed.

ONE has high levels of security in place to protect your personal information and require all third parties to comply with the standards as set out in POPIA.

You are entitled to ask ONE as responsible party for the particulars of personal information held as well as identity of any person who had access to such personal information. You may also request ONE to correct any incorrect information and to delete personal information under certain circumstances.

## DECLARATION

I declare that the answers given, whether in my handwriting or not, are true and complete to the best of my knowledge and belief and will form the basis of the claim.

I understand that any misrepresentation or non-disclosure of material facts shall render the claim null and void. Note: a material fact is one which may influence the assessment or acceptance of your claim. If you are in doubt as to the relevance of any information, please give details.

I understand that by signing this form, I consent to the processing of personal information for its designated purpose in terms of the POPI Act.

# ONE

I confirm that I will assist ONE or their representatives in any way relevant to assess, validate and finalise this claim.  
I confirm that this document was completed freely and without intimidation or coercion by any party.

I confirm that the affixed signature is mine or that of my/our appointed authorised representative and that the signature binds the insured in all material respects.

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Designation