ONE

DRONE CLAIM FORM

POLICYHOLDER DETAILS

Policyholder			
Policy Number		Cell Number	
Email		Tel Number (W)	
Business Address			
		Code	

DETAILS OF OPERATOR

Full Name			
ID Number		Cell Number	
Email		Tel Number (W)	

DESCRIPTION OF ACTIVITY DURING THE INCIDENT

Date of Loss		Type of use					
Weather conditions							
Do you have coordinates & flight path / logs					Yes		No
If Yes, Please attached a copy							
Was the incident reported to the SACAA?					Yes		No
If Yes, reference number?							
In case of theft; Was the incident reported to the SAPS?					Yes		No
If Yes, case number?							
Distance and height from operator during impact							
Were there any witnesses to the incident?					Yes		No
If yes, please give details							
Witness Name							
I.D Number				Email Address			
Cell Number				Tel Number			
Witness Name							
I.D Number				Email Address			
Cell Number				Tel Number			
Witness Name							
I.D Number				Email Address			
Cell Number				Tel Number			
Witness Name							

OMART INSURE
OLD MUTUAL ALTERNATIVE RISK TRANSFER INSURE LIMITED

ONE

I.D Number		Email Address	
Cell Number		Tel Number	

Was anyone injured during the incident?		Yes		No	
If yes, please describe					

Was any property damaged?		Yes		No	
If yes, please describe					

DETAILS OF THIRD PARTY OR PROPERTY DAMAGE

Full Name		I.D Number	
Cell Number		Tel Number	
E-mail			
Address			
		Code	

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.

OMART INSURE
OLD MUTUAL ALTERNATIVE RISK TRANSFER INSURE LIMITED

ONE

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.

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

OMART INSURE
OLD MUTUAL ALTERNATIVE RISK TRANSFER INSURE LIMITED