



GIT CLAIM FORM

POLICYHOLDER DETAILS

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

Date of Loss		Time	
Make of vehicle		Model of Vehicle	
Registration Number Horse		Registration Number Trailer/s	

Description of goods carried:				
Goods:	New	Second Hand		
Address from which goods were dispatched:				
Date dispatched:		Nature of loss (eg: collision, hijack, overturning etc):		
Brief description of incident (attach driver's statement if possible):				
Where did incident occur?		Current location of load:		
Contact name and number of person or insured in control of load:				
Was the matter reported to the police?			Yes	No
Details of Officer / Station:				
Date Advised:		Case Number:		

OTHER PARTY DETAILS

Reg No.	Make & Model	Name & Address of Owner & Driver	Damage Details
Damage to property other than vehicles (indicate)			

Name and address of witness:			
		Code	
Name and address of owners of the goods:			
		Code	
For whom were goods carried?			
		Code	
Name and address of their insurers:			
		Code	
Were you the principal contractor, or a sub-contractor?			
Did you or your employees	(A) Load the vehicle?	(B) Unload the vehicle?	
Did the consignees accept delivery:	Yes	No	
If so was a receipt given?			
Did you use the Standard Trading Conditions of Carriage?	Yes	No	
If not, what conditions of carriage did you use? (Please attach specimen copy)			
Has a claim been made against you by the owner?	Yes	No	Date received:

PARTICULARS OF GOODS LOST OR DAMAGED

Quantity	Description	Value



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.

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

- Additional documents required:**
- Copy of Driver's License