



General Claims Form

IMPORTANT NOTICE

Please answer all questions fully. If the space provided is insufficient, please attach a separate sheet.

Attention is drawn to the fact that making untrue or false statements or withholding material facts will give underwriters the right to repudiate any claims made under the policy of insurance. This refers to facts which are likely to influence the acceptance of the risk by underwriters.

DETAILS

Broker / Agent

Insured

Policy Number

Date of Loss

Time of Loss

Address where loss / damage occurred

Cause of Loss / Damage (please supply specific details)

Police Station

Reference Number

Full Description of Item/s Damaged

Schedule Number

Contact Person

Tel / Mobile

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.

Legendsure Engineering Underwriting Managers (Pty) Ltd is an Authorised Financial Services Provider (FSP No. 53399) An Underwriter for **Yard Insurance Limited**, a licenced Non-Life Cell Captive Insurer and Authorised Financial Services Provider (FSP No. 17704)

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.

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 warrant that the foregoing information provided is true and correct, and that no information has been withheld in respect of the loss / damage. I/We undertake to advise Legendsure Engineering Underwriting Managers (Pty) Ltd in writing in the event of any changes to supplied information, and in the event of the recovery of any part of the property forming the subject of this claim.

Capacity

Signed by insured

Date

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