LEGENDSURE

Submit by email

No Claims Declaration

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

Site Address

Commencement Date

Work Completed

Work Outstanding

Confirmation of No Pending Claims

Contact Person

Telephone Number

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.

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 e en s re n ineerin n er ritin ana ers t t 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

Date

Signed by insured