

# garagesure

Consultants & Acceptances (Pty) Ltd

## Injury/illness claim form

### Consent to processing of personal information

I/We consent to the personal information provided by the policyholder or its representatives in terms of this insurance claim:

1. Will be used by the insurer, its employees and agents for the purposes of regulatory compliance to the various Legal Categories as stipulated in the Company's Information Manual.
2. Will be used by the insurer, its employees and agents for the purposes of processing the insurance claim.
3. Will be stored in a shared database and used to underwrite policies and assess risks fairly; and
4. May be verified against legally recognised sources or databases (including credit bureaus).

### Broker details

Broker name	Claim Number: Jhb
Claim Number: Jhb	Certificate Number

### The Insured

Name of business		
Address and code		
Postal and code		
Work tel	Cell	Fax
Email		
Occupation of business		

GARAGESURE CONSULTANTS AND ACCEPTANCES (PTY) LTD An authorised financial services provider FSP 4467

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Underwritten by Compass Insurance Company Limited (FSP 12148)

### Insured person

Full name and surname	ID	Age
Occupation	Relationship to insured	
Work tel	Cell	Fax
Email		
If employee give annual earnings defined in the policy		

### Details of injury/illness

Where did injury/illness occur?	Date
Give full particulars of the accident and nature of injuries or the name of the illness	

### Witness

Full name and surname	ID	Age
Address and code		
Work tel	Cell	Fax
Email		

### Doctors/Specialists

Doctor/specialist who attended you		
Full name and surname of doctor		Practice number
Work address		
Work tel	Cell	Fax
Your usual doctor		
Full name and surname of doctor		Practice number
Work address		
Work tel	Cell	Fax

### Disablement

Temporary total displacement from (date)	to (date)
Temporary partial displacement from (date)	to (date)
Date normal occupation will resume (date)	
Has any permanent disablement resulted?    Yes        No	
Give details	

### Declaration

I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld and that the amount claimed represents my/our loss arising from above stated occurrence.			
Signed at	on the	day of	20
Name (authorised to sign on behalf of the legal entity)			
Signature of the insured			

Please note: The issue of this form is not an admission of Liability.