

Thank you for submitting your claim to Ownsureance Brokers (Pty) Ltd

In order for Ownsureance Brokers (Pty) Ltd to process your claim quickly, efficiently and accurately, please ensure that you carefully read and follow the instructions below. Please note that our request for you to complete this form does not represent an admission of liability by Ownsureance Brokers (Pty) Ltd.

How to claim

1. New claims are to be e-mailed to claims@ownsureance.com. There after a claim specialist will be assigned to your claim. **New Claims should be reported (via email) to Ownsureance Brokers within 48 hours of the incident.**
2. **We must receive a completed claim form from you within 28 days of the date of incident.** If we do not receive the completed claim form, it might result in the claim being repudiated.
3. This claim form will form the basis on which your claim is assessed. For this reason, please ensure that each question that is relevant to your claim is answered clearly, accurately and completely.
4. Please ensure that you also sign this claim form.
5. Please ensure that you also send all required documentation as per the Ownsureance claims procedure. Information available on our web site. www.ownsureance.com or the direct link www.ownsureance.com/claims-servicesoverview/insurace-claims-procedure-and-documentation.
6. Please ensure that all requested documentation is submitted with your claim form to avoid claim processing delays.
7. We may request additional documentation regarding your claim. Please e-mail this as soon as possible to the requester or claims@ownsureance.com. It is imperative that the requested documentation is received within 10 working days. If we do not receive the requested documentation, it might result in the claim being repudiated.
8. Your claim will be processed within 2 working days of receipt of all documentation and information.

DOCUMENTS TO BE ATTACHED TO THE COMPLETED MOTOR CLAIM FORM:

1. Valid drivers license of the driver of the vehicle
2. Copy of the valid ID document
3. Valid PDP
4. Valid COF (roadworthy certificate)
5. The registration papers of the vehicle
6. SAP reference no and Police Station
7. Sworn affidavit from the driver of how the accident happened
8. Full details of the other parties involved ie: name, telephone no, address, registration no of their vehicle
9. Completed claim form
10. Quote for the damages to the vehicle

Directors: MD: HB von Mansberg FD: EM von Mansberg

Tel: +27 (0)86 100 0464 – Fax +27 (0)86 696 4004 – Email: admin@ownsureance.com
Address: Appelblaar Office Park- Suite 6 (First Floor) – 235 Montana Street – Montana Park – Pretoria – South Africa
Postal Address: P.O. Box 908 781 – Montana – 0151 Website: www.ownsureance.com
FSP No.: 21974 Company Registration: 2004/023261/07

Claim Form

1. Must be completed properly and e-mailed within 48 hours of incident to Ownsureance Brokers Pty) Ltd (claims@ownsureance.com)
2. All copies of documents, licences and photos must be clear and preferable in colour
3. For and queries, contact Ownsureance Brokers – 012 111 7687 / 086 100 0464

The following documents/photos needs to accompany the claim form. Mark the corresponding answer

Accident Photos	Yes/No	Quotations	Yes/No	Drive Cam Footage	Yes/No	Accident sketch	Yes/No
Driver Licence	Yes/No	SAPS Report	Yes/No	PrdP / Defensive Driving Permit	Yes/No		

Date of Accident		Time of Accident	
Place of Accident		Tested for Alcohol	Yes/No

Details of Driver		Details of Vehicle	
Name		Reg No	
Surname		Make	
I.D. / Passport		Model	
Contact No		Damage	
Drivers Licence No		Goods Damage	

Details of Witness (Complete if there was a witness who saw what happened)			
Name		Surname	
ID No		Contact No	
Address			

Details of 3 rd Party (Complete if there was a 3 rd party involved)			
Name		Surname	
ID No		Licence No	
Contact No		E-mail Address	
Type of Vehicle		Reg No	
Insurance Name		Insurance Policy No	

SAPS Station		A.R. No	
Tel No		Policy No	

Accident Description: (Please provide sketch if not on SAPS report)

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I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.

I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit.

I consent to such information being disclosed to any other insurance company or its agent.

I acknowledge that the information may be verified against legally recognized sources or databases."

I/We hereby authorize the insurance company to obtain the police report accident report on my behalf.

Driver Signature

Client Signature

Accident Sketch

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