EXCESS RISK CONSULTANTS

011 453 9543
claims@excessrisk.co.za
www.excessrisk.co.za

Suite W002, Midlands Office Park West
Mountain Quray Road
Midstream Estate
Centurion

Excess Risk Consultants | Motor Accident Claim Form

To enable us to resolve your claim within the shortest possible time please ensure that this form is completed in detail

A. Insurer

Insurer Name:

B. Broker Details

Name of broker:

C. Insured Details

Policy Number:
Insured Name:
Identity Number:
Occupation:
Landline:
Mobile:
E-mail Address:
Postal Address:
Physical Address:
Postal Code:
Postal Code:

D. Details of Vehicle

Make:
Model:
Year:
VIN Number:
Registration:

E. Trailer Details

This section is to be completed only if the trailers sustained damage and a claim has been lodged with the main insurer

Trailer 1

Make:
Model:
Year:
VIN Number:
Registration:

Trailer 2

Make:
Model:
Year:
VIN Number:
Registration:

Trailer 3

Make:
Model:
Year:
VIN Number:
Registration:

F. Driver Details

Name:
Surname:
ID Number:
Drivers Licence Number:
Licence Expiry Date:

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G. Accident Details

Date: Time:

Place:

Description of Accident:

Sketch of Accident:

H. Declaration

We value your personal information and respect your constitutional right to privacy. In compliance with the Protection of Personal Information Act No. 4 of 2013 ("POPI"), we process your information lawfully for the purpose of assessing and handling your claim.

Your information will be collected, verified, and used solely to evaluate and process your claim. It will remain confidential but may be shared with authorized third parties such as service providers, agents, claim handlers, investigators, and insurers. Such disclosure is limited to:

- preventing duplicate claims for the same loss,
- verifying information provided at policy inception, and
- investigating suspected fraud or inaccuracies.

All third parties, including Excess Risk Consultants Pty. Ltd. (ERC), are bound by confidentiality and POPI requirements. They may not use your information for any other purpose without your consent. Security measures are in place to protect your information against loss, damage, or unauthorized access. You have the right to access, amend, or update your personal information. We are obliged to ensure that all information processed is authentic and accurate.

I consent to ERC collecting, processing, sharing, and retaining my personal information for the purposes stated above. I understand my duty to provide true and accurate information and to notify ERC of any changes promptly. I acknowledge that sharing insurance information (including credit data) between insurers is in the public interest, enabling fair underwriting, accurate risk assessment, and fraud prevention. I waive my right to privacy regarding underwriting or claims information provided by third parties on my behalf. I consent to my information being stored in shared databases, disclosed to other insurers or their agents, and verified against legally recognized sources. I further authorize validation checks on the driver's licence of the driver involved in a claim, including non-South African licences where applicable. This consent is given voluntarily, with full understanding of its purpose and effect.

Name and surname: Capacity:

Signature: Date:

Place: