



Claim Form

Property Loss/Damage

Authorised Financial Services Provider No. 7090

135 General Hertzog Street, Three Rivers, Vereeniging, Gauteng 1939

Please Complete this form in Full and send to your Broker or to the Claims Handler

The Information that is sought herein is not intended to be an exhaustive list and Uma Underwriters reserves the right to request any further information deemed appropriate while investigating the claim.

The Following Documents should be provided for this claim: Signed Claim form, Damage report and Quote, Photos (if Applicable), Blacklist and IMEI Number when Claiming for Cellphone or Tablet.

POLIS NO. / POLICY NR.		
BROKER / AGENT		
Insured	Name and Occupation	
	Address	
	Telephone & CellPhone Number	
	ID Number	
	E-mail address	
Loss/ Damage Occurrence	Date and Time of Loss/Damage When was Loss/Damage discovered?	
	Address where Loss/Damage occurred	
Loss/Damage Address	Where premises occupied ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	By whom ?	
	If not occupied, when last occupied ?	
	Purpose of occupation	
Cause of Loss/Damage	Describe fully how the Loss or Damage occurred. (If applicable state how entry was gained to premises)	
	Was burglar alarm activated?	
	If Loss/Damage caused by another party, give name and address	
Previous Loss/Damage	Have you previously suffered a Loss/Damage ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, give details	
	If insured, provide name of insurer	
Police	Police Ref. No. and Station and date reported	
Other Insurance	Is there any other insurance covering this Loss/Damage ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, give name of Insurer	
Value	Estimated Total Value of all the Property insured under the policy	
	When last Valued?	

Payment method	You May Select, for added security, for payment of any amount due to you to be made directly into a account. Please Specify details as requested.	
	Name of Bank	
	Branch	
	Name of account	
	Account Number	
Declaration	I/We solemnly declare that I/We have suffered loss of or damaged to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.	
Date _____		
Insured's Signature _____		
Capacity _____		

Your personal information is valued by us and we respect your constitutional right to privacy. We are committed to processing your personal information in accordance to relevant legislation. We are bound by the terms and provisions of the Protection of Personal Information Act No 4 of 2013 ("POPI") regarding the acquisition, usage, retention, transmission and deletion of your personal information.

Please be advised that your personal information herein collected is for the primary purpose of assessing and processing your claim in respect of the loss/damage, to the insured property, which you have suffered. The information submitted on this document is subject to verification and shall be authenticated using lawful procedures. Your information shall be used in complete lawful form and manner to execute all tasks required for efficient assessment and processing of your claim.

All information acquired herein is relevant to the stated purpose. Your personal information may also be collected for certain mandatory purposes, please consult our Consent to Process Personal Information for a list of same.

Your information shall be kept confidential; however, we shall disclose it to certain third parties in accordance with the purpose of collection. The third parties may include our service providers, agents, claim handlers, investigators and other insurers.

The lawful sharing of your personal information with other Insurance companies is for following reasons:

- a. to ensure that not more than one claim has been made for the same damage/loss to property arising from the same set of facts
- b. to verify that claims information match what was provided when insurance cover was taken out
- c. if necessitated to act as a basis for investigating claims when our recorded information is incorrect or when we suspect fraudulent activity.

Bryte undertakes to attend to all that is necessary to detect and prevent fraud thus protecting our clients. UMA Underwriting Consultants, therefore shall utilise and disclose your personal information where essential to substantiate your claim.

All third parties are fully aware and understand the purpose for which the information is been transmitted to them. No third party including UMA Underwriting Consultants shall use your personal information for any other purpose unless expressly consented to by you.

We have implemented high level security measures to safeguard your personal information against damage loss and unauthorised access. Any party to whom your personal information is been disclosed to is also bound by confidentiality and the provisions of POPI, whereby security measures are enforced to safeguard your personal information. The third parties we contract with are required to abide by our standards of safety, security and privacy.

In terms of POPI we are required to collect and process information which is authentic and accurate. You may amend, update, change or correct your personal information processed by us. You may request to view your personal information held by us and we shall make same available to you.

You hereby give consent to UMA Underwriting Consultants to process, use, share and retain your personal information for its designated purpose. You fully understand the purpose for which your personal information has been collected and you duly consent thereto. You further consent to the lawful sharing and disclosure of your information and understand the necessity of same.

You are fully aware and understand your rights duties and obligations to furnish UMA Underwriting Consultants with true and accurate information and your duty to advise UMA Underwriting Consultants of any changes to your personal information timeously. The said consent is given to Bryte with the necessary legal capacity, voluntarily and free of intimidation and duress of any form.

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate.

No	Description	Date Acquired	Deduction for wear and tear or depreciation or value of salvage	Amount Claimed

PLEASE REMEMBER & TICK

- The Following Documents should be provided for this claim:
- Signed and Completed Claim form
 - Damage report and Quote
 - Photos (if Applicable)
 - SIGNATURE AND PHONE NUMBER WHEN CLAIMING FOR COLLABORATION