

## GEYSER CLAIM FORM

### POLICYHOLDER DETAILS

Policyholder:	
Policy number:	Intermediary:
Contact person:	Contact number:
Risk address:	Postal code:

### DAMAGE DETAILS

Please attach a quotation which includes a detailed description of the damage to the geyser.

Date of loss:	Time of loss:
Address where loss occurred:	
Purpose of building where geyser is installed: Commercial <input type="checkbox"/> Private residence <input type="checkbox"/>	
Body corporate section number:	Unit number:
Size of geyser: 100ℓ <input type="checkbox"/> 150ℓ <input type="checkbox"/> 200ℓ <input type="checkbox"/> 250ℓ <input type="checkbox"/> Other <input type="checkbox"/>	
Geysers type: Solar <input type="checkbox"/> Element <input type="checkbox"/> Heat pump <input type="checkbox"/> Gas <input type="checkbox"/> Geyser code:	
Has the geyser burst: Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	
Was the geyser: Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Under warranty <input type="checkbox"/>	
If repaired, please specify what was repaired:	
Is there any other insurance covering this claim? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details:	

### RESULTANT DAMAGE DETAILS

You are responsible for obtaining quotations relating to the area size affected and the cost per square meter (m<sup>2</sup>) for any resultant damages.

Item:	Damage description:	Area size m <sup>2</sup> :	Cost per m <sup>2</sup> :

### DECLARATION

I/We declare that to the best of my/our knowledge the above statement/s and information is true and correct.

Signed at: \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

Policyholder signature \_\_\_\_\_ Full name of signatory: \_\_\_\_\_

## PROCESSING YOUR INFORMATION

### INFORMATION SHARING

It is necessary for insurance companies to share information in order to underwrite (assess and price the risk) policies fairly and lower the number of fraudulent claims.

In view of the above, I/we (and any person representing me) declare by the submission and/or signing of this document to:

- accept that it is in the public interest for insurers to share insurance information (including credit information);
- consent to my policy, claims or credit information being verified or shared with third parties in the ordinary course of business;
- accept that any information provided to the insurer may be stored in a shared database;
- consent to such information being given to any other insurance company and/or reinsurance company or its agent should there be a legitimate business reason for doing so;
- accept that this information may be checked against other legal sources or databases; and
- confirm that all information provided is true, correct and complete

### PROTECTION AND PROCESSING OF PERSONAL INFORMATION

We value the importance of your right to privacy and we are committed to the protection of your personal information.

Your personal information will be processed:

1. as it is collected directly from you by us as your appointed intermediary, and/or the insurer and/or their authorised representative/s and never for the purposes of direct marketing.
2. only as necessary to carry out the rights and obligations afforded to the insurer and their authorised representative/s in terms of the insurance contract, to which you are a party.
3. in compliance with all prescribed obligations of the insurer and their authorised representative/s.
4. where it will protect your legitimate interests.
5. if it is necessary for the proper performance of a legal duty by us and/or the insurer and/or their authorised representative/s.
6. in pursuit of our legitimate interests and/or the legitimate interests of the insurer and/or their authorised representative/s.
7. in pursuit of the legitimate interests of a third party to whom the information is supplied in terms of the insurance contract.
8. where the information relates to a data subject under the age of 18, only after consent is obtained from the competent person.

### CONSENT FOR PROCESSING PERSONAL INFORMATION

I/We consent to the processing of my/our personal information, as defined by the Protection of Personal Information Act 4 of 2013, by Origin Financial Administration (Pty) Ltd and their authorised representative/s as well as the Insurer and/or their authorised representative/s for underwriting and claims processes as well as the administration of the policy.

Signed at: \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Policyholder signature: \_\_\_\_\_ Full name of signatory: \_\_\_\_\_

### CONSENT FOR PROCESSING PERSONAL INFORMATION OF A CHILD

I/We as the parent / legal guardian of the child/children described herein, if applicable, hereby consent to the processing of personal information by the recipient of this information, of the respective child/children provided.

Signed at: \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Legal guardian signature: \_\_\_\_\_ Full name of signatory: \_\_\_\_\_