



NEW NATIONAL
ASSURANCE COMPANY

New National Assurance Company

Limited

Company Reg. Number: 1971/010190/06

Physical Address: 33 Oxford Road,
Forest Town
Johannesburg, 2193

Telephone Number: 011 646 7456

CLAIM FORM – LOSS OR DAMAGE

Type of Loss:

FIRE		COMB		H/O		H/H		BURG		A/R	
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Policy Number: _____ Claim Number: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS IN FULL:

Name of Insured: _____ Occupation: _____

I.D. Number: _____

Telephone Number: Home: _____ Work: _____

1.	Address of premises at which the theft / loss / fire / damage occurred.	
2.	Date of alleged theft / loss / fire / damage.	
3.	Section on policy you are claiming under	
4.	When was it reported to the Police / Fire Brigade? At which Police / Fire Station?	
5.	Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to the premises. If loss / damage was caused by another party give name and address.	
6.	Were the premises inhabited at the time of the theft / loss / fire / damage? If not, when were they last occupied?	
7.	Please state exactly how the premises were occupied at the time of the theft / loss / fire / damage.	
8.	Do you suspect anyone for the theft or loss?	
9.	Are you the sole owner of the property which is the subject of this claim? If not, provide names and addresses of those concerned.	
10.	Is the property which is the subject of this claim insured against the loss or damage described above by any other insurance? If so, please give full details.	
11.	What steps are being taken to prevent a recurrence of the loss?	
12.	Please give details of previous losses.	

PARTICULARS OF THE CLAIM

Description of Property Damaged	Date of Purchase	Cost Price	*Amount Claimed including VAT
			Net Amount Claimed:
			R

*If you pay VAT as part of repair or replacement it must be included in the Amount Claimed figures.

Consent to POPI Act

- New National Assurance Company Ltd (NNAC) values your personal information and respects your constitutional right to privacy.
- NNAC is committed to processing your personal information in accordance with relevant legislation and is compelled by the terms and provisions of the Protection of Personal Information Act No of 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 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 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 sets 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.
- NNAC undertakes to attend to all that is necessary to detect and prevent fraud thus protecting our clients. NNAC, 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 being transmitted to them. No third party including NNAC 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 authorisation 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 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 NNAC. You may request to view your personal information held by us and we shall make same available to you.
- You hereby give consent to NNAC 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 NNAC with true and accurate information and your duty to advise NNAC of any changes to your personal information timeously. The said consent is given to NNAC with the necessary legal capacity, voluntarily and free of intimidation and duress of any form.

Signed at _____ on the _____ day of _____ 20 _____

Insured's Signature: _____

If you are unable to sign or attach your e-signature, kindly complete the declaration by ticking the box and providing your ID no.

Name: _____ Capacity: _____

Declaration: I confirm the information provided on this claim form is true and correct: ☐ ID no. _____

Insured's Vat Registration Number (if applicable) _____

Please note that payment of the claim will be made into your premium paying account. If you are an annual premium paying client, please separately provide your bank details, and either an account confirmation letter or statement not older than 3 months.