ONE

EQUINE CLAIM FORM

Policyholder		Policy Number	
ID Number		E-mail Address	
Cell Number		Horse Name	
Insured Sum		Date of Death	
Cause of Death			

DETAILS OF DEATH

First Diagnosed					
Attending Veterinarian Name and Contact Number					
Brief Description of Treatment					
Cause of Death Confirmed by vet?		Yes		No	

AFRICAN HORSE SICKNESS / INFLUENZA / TETANUS / RABIES

Please supply proof of vaccinations

Date of last vaccination		Batch No	
Administered by		Lot No	

PROCESSING NOTICE

This Notice is a summary of our Privacy Policy which describes how ONE, as responsible party, process your personal information as data subject, in terms of the Protection of Personal Information Act, 4 of 2013, (POPIA). For the full version please click here or contact us for a copy.

Your personal information will be collected and processed to enable ONE to give effect to your insurance policy in the processing of your claim. The processing of your personal information is mandatory to enable ONE to investigate the validity of your claim, eliminate any duplication of the claim and to quantify a valid claim. Should you choose to not provide us with your personal information we will not be able to process your claim.

Your personal information may be shared internally with employees required to process the claim and externally with ONE's affiliated companies, companies who supply services to ONE such as legal, administrative, and investigative services and other insurers. All third parties will only be provided with the personal information required for the purpose the information is being processed.

ONE Underwriting Managers (Pty) Ltd Reg No. 1996/008987/07
Authorised Financial Services Provider FSP8783 VAT No. 4370160501

OMART INSURE
OLD MUTUAL ALTERNATIVE RISK TRANSFER INSURE LIMITED

ONE

You are entitled to ask ONE as responsible party for the particulars of personal information held as well as identity of any person who had access to such personal information. You may also request ONE to correct any incorrect information and to delete personal information under certain circumstances.

DECLARATION

I declare that the answers given, whether in my handwriting or not, are true and complete to the best of my knowledge and belief and will form the basis of the claim.

I understand that any misrepresentation or non-disclosure of material facts shall render the claim null and void. Note: a material fact is one which may influence the assessment or acceptance of your claim. If you are in doubt as to the relevance of any information, please give details.

I understand that by signing this form, I consent to the processing of personal information for its designated purpose in terms of the POPI Act.

I confirm that I will assist ONE or their representatives in any way relevant to assess, validate and finalise this claim. I confirm that this document was completed freely and without intimidation or coercion by any party.

I confirm that the affixed signature is mine or that of my/our appointed authorised representative and that the signature binds the insured in all material respects.

Signed at: _____ Date: _____

Full Name: _____ ID Number: _____

_____ _____

Signature Designation

Additional documents required:

- Post mortem confirming cause of death and/or pathology as required
- All animals with a value of more than R100 000 needs pathology with a full post mortem report.

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