GENLIB
SPECIALISED INSURANCE & INNOVATIVE SOLUTIONS FOR BROKERS

PASSENGER LIABILITY & PERSONAL ACCIDENT

CLAIM FORM (RSUM) – (Version 2 – 10/10/2025)

IMPORTANT

THIS FORM IS REQUIRED IN ORDER TO ASSESS A PENDING CLAIM UNDER A POLICY OF INSURANCE.

THE ISSUE AND COMPLETION OF THIS FORM DOES NOT IN ANY WAY IMPLY, CONSTRUE OR ADMIT LIABILITY BY THE INSURER. ONLY A FULLY COMPLETED CLAIM FORM CAN RECEIVE OUR CONSIDERATION.

THIS FORM IS TO BE COMPLETED BY THE POLICYHOLDER OR HIS/HER LEGAL REPRESENTATIVE.

GENERAL INFORMATION

POLICY HOLDER'S DETAILS			
Policy Number		Company / Full Name	
Contact Number		Email Address	

INCIDENT DETAILS			
Type of Incident		Date of Incident	
Place of Incident		SAPS Police Case No.	
Vehicle Reg. No.			
Describe how the incident occurred			
Please provide: • A clear copy of the driver's licence • A statement from the driver (when possible)			

IF YOU ARE CLAIMING ON BEHALF OF ANOTHER, PLEASE COMPLETE THIS SECTION			
Nature of Relationship		Full Name	
ID Number		Contact Number	
E-Mail Address			
Physical Address			
Please provide: • Affidavit confirming relationship • ID of person claiming			

PERSONAL ACCIDENT CLAIM	
Claim Description:	☐ PA - Permanent Disability Benefit
Claim Description:	☐ PA – Hospitalisation Benefit
Claim Description:	☐ PA - Funeral Benefit portion of the Death Benefit
Claim Description:	☐ PA - Death Benefit
Claim Description:	☐ PA – Passenger Care Benefit ☐ Meals & Refreshments – Number of Passengers: ☐ Overnight Accommodation – Number of Passengers:

DETAILS OF INJURED PASSENGER(S) **(Please provide a separate claim form for each person)**	
Full Name	
ID Number	
Contact Number	
E-Mail Address	
Physical Address	
Please provide details of the nature of the injuries	

Name of Hospital	**Name of Doctor**	**Telephone**	**Email**

IMPORTANT:

In the case of a hospital stay, it's imperative that the relevant hospital provides documentation (Letter or Email) verifying the following minimum information:

Patient Name, ID Number, Date and Time of Admittance, Date and Time of Discharge

DETAILS OF DECEASED PASSENGER(S) **(Please provide a separate claim form for each person)**	
Full Name	
ID Number	

Physical Address	

Please provide:

- A copy of the death certificate
- Body identification form
- Deceased person's ID/ birth certificate

DECLARATION / AUTHORISATION	
I/We declare that the above particulars are true in every respect.	
Name of Signatory	
Capacity	
Date	
Signature	