

# LIABILITY CLAIM FORM

Claims for Public, Personal and other Legal Liability, Legal Expenses and Unrecovered Damages

BROKER/AGENT			
POLICY No.			
VAT REGISTRATION NUMBER			
Policyholder	Policyholder's name		
	Address		
	Telephone number		
	Business or Occupation		
Incident Date & Place	When did incident happen?		
	Where did it happen?		
Own Attorneys	Your attorney's name, if appointed		
	Address		
	Telephone number		
Circumstances	Describe fully the event which is the basis for this claim against the policy:		
Witnesses	Witnesses' names	1.	2.
	Addresses		
	Telephone numbers		

Police	Have you reported to Police?	
	Which station?	
	When?	
	Police reference number	

**Declaration**

I/We hereby declare that the statements contained herein are true and complete to the best of my knowledge and belief.  
 I/We hereby authorise the Company and/or their attorneys to discuss my/our claim for indemnity direct with my/our attorneys and to take such action as is required to indemnify me/us.

Policyholder's Signature: \_\_\_\_\_ Date: 

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**N.B. Please attach all documents/correspondence relating to the claim.**

**Complete appropriate section 1, 2 or 3**

**1. TICK APPROPRIATE SQUARE:**

CLAIMS BY OTHER PARTIES AGAINST POLICYHOLDER       CLAIMS BY POLICY HOLDER AGAINST OTHER PARTIES

Other Party	Other party's name	
	Address	
	Telephone number	
	Attorneys, if represented	
Nature of Damage or Injury	Damage to property	
	- What was the damage?	
	- Nature of damage?	
	Personal injury	
	- Who was injured; age?	
	- Nature of injuries?	
	Other than damage or injury	
	- Describe nature thereof	
	Relationship (If person named above is in your service, or tenant, or related to you, give full details.)	

Demand	Sum demanded	
	Date demanded	
	If summons received, when exactly?	

**LEGAL REPRESENTATION FOR POLICYHOLDER**

Proceedings, nature of	Inquest - Name of deceased	
	Inquiry - State subject	
	Hearing - State subject	
	Criminal - State charge	
Court	Which Court?	
	City or town?	
	Proceedings date?	

**UNRECOVERED DAMAGES**

Other Party	Other party's name	
	Address	
	Telephone number	
	Attorneys, if represented	
Court	Date Company notified of action	
	Judgement amount	
	Judgement date	
	Which court?	
	City or town?	
Execution	Date of writ of execution	
	Result thereof	
	Date of tracer's report	

## Data Protection

In alignment with the Data Protection law, Hollard Insurance Company of Botswana (“Hollard”, “we “or “us”), is the data controller of your personal data (“data”). The Data Subject (“you”, “”) must read and sign the clauses below as a way to consent for the collection and processing of your personal data.

## Data Use

I hereby declare that I am voluntarily providing my personal data to Hollard to process my claim. I understand that my personal data will be used solely for this purpose, including the necessary steps to assess, process, and manage the claim.

## Data Sharing

I acknowledge and consent that Hollard may share my personal data with third parties involved in processing my claim. These third parties include, but are not limited to insurance brokers, agents, risk consultants, loss assessors, panel beaters, reinsurers, record keeping service providers and other relevant parties essential to the administration of my policy.

Hollard is authorised to transfer my personal data to relevant recipients with domiciles outside Botswana. I understand that in the case of transmission of personal data to third countries Hollard shall have sufficient control mechanisms for their protection, including the analysis relevant to the protection of such third country and/or, as the case maybe, the conclusion of a standard contractual clause on protection of personal data approved by the Information and Data Protection Commission.

## Retention of Data

Hollard will keep your data for a period not less than 20 years in compliance with the Financial Intelligence Act 2022 and amended from time to time. When your data is no longer required it will be securely destroyed, but some data can be indefinitely archived for historical records.

## Data Subjects Rights

You, the data subject, are entitled to specific rights regarding your personal data. Hollard is dedicated to upholding these rights and ensuring that data subjects have control over how their personal data is managed.

- The right to request access to their personal data and receive information on how it is processed.
- The right to request corrections to any inaccuracies in your personal data.
- The right to request the deletion of personal data.
- The right to request limitations on how personal data is processed.
- The right to obtain and reuse your personal data across different services.
- The right to object to particular processing activities, including direct marketing.
- The right to not to be subject to decisions based solely on automated processing, including profiling, if such decisions carry legal or significant effects.

All requests from data subjects will be addressed promptly, in line with the timelines mandated by the Data Protection law. These rights are not absolute, and Hollard may be entitled to refuse requests where there is reasonable and valid reason to do so. The reasons will be communicated to you in writing.

To protect data integrity and confidentiality, Hollard is committed to data security. Personal data is safeguarded against unauthorised access, loss, or damage through various data protection measures:

## Contact Details

- If you have any further enquiries relating to how your data will be collected and processed, wish to exercise any of your rights, would like to lodge a complaint about the way your data is processed, please contact [dataprivacy@hollard.co.bw](mailto:dataprivacy@hollard.co.bw) for this purpose.
- If you are not satisfied with how we have handled your data, you may request remedial action in writing from The Information and Data Protection Commission: Ministry for State President 267 395 0998

By signing below I am declaring that I have read and understood the data protection statements above and grant Hollard consent to collect and process my personal data. I further declare that the above particulars are true and complete in every respect.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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