**CLEAN UP AND SPILLAGE CLAIM FORM**

1. Please request your client (the insured) to complete this claim form in BLOCK CAPITALS.
2. **The fields marked with an asterisk (\*) are peremptory. Any incomplete form will be returned for completion of the peremptory fields.**
3. Please attach a copy of the policy schedule and premium confirmation.
4. Once the claim has been submitted in the above format will it be registered and a claim number will be supplied.
5. Once you receive your claim number, kindly quote this reference number in all future correspondence.
6. Please note that the registration of a claim does not constitute an acknowledgement of a valid claim under the Policy on the part of SHA Risk Specialists and division of Santam and that SHA Risk Specialists and division of Santam reserves the right to either accept or reject a claim or void the Policy according to the relevant terms and conditions applicable, upon completion of the investigations into the matter.
7. The information that is sought herein is merely a guideline to assist the Insured in formulating his claim and is not intended to be an exhaustive list. SHA Risk Specialists and division of Santam and/or its agents acting on its behalf accordingly reserves the right to request any further information deemed appropriate during the course of the investigation.

**SECTION 1: INSURED**

|  |  |  |
| --- | --- | --- |
| **GENERAL INFORMATION** | INSURED’S NAME AND NAME OF SUBSIDIARY\* |  |
| INSURED CONTACT PERSON  AND CONTACT DETAILS \* |  |
| BROKER \* |  |
| BROKER CONTACT PERSON  AND CONTACT DETAILS \* |  |
| POLICY NAME AND NUMBER \* |  |
| INSURED VEHICLE:\*  MAKE:  MODEL:  REGISTRATION NUMBER  YEAR MODEL: |  |

|  |  |  |
| --- | --- | --- |
| **THE INCIDENT** | DATE OF THE INCIDENT \* |  |
| DATE WHEN INSURED FIRST  BECAME AWARE OF INCIDENT \* |  |
| PLACE OF THE INCIDENT \* |  |
| BRIEF DESCRIPTION OF THE INCIDENT \* | |
| WITNESS 1 - NAME |  |
| CONTACT DETAILS |  |
| WITNESS 2 - NAME |  |
| CONTACT DETAILS |  |
|  | OTHER WITNESSES AND CONTACT DETAILS |  |

**SECTION 2: THIRD PARTY (if applicable)**

|  |  |  |
| --- | --- | --- |
| **THE THIRD PARTY** | THIRD PARTY NAME \* |  |
| CONTACT DETAILS OF THIRD PARTY |  |
| NATURE OF RELATIONSHIP BETWEEN INSURED AND THIRD PARTY |  |

I/We solemnly declare that the information provided above is both true and correct.

I/We hereby undertake to provide the outstanding information and/or documents indicated under the “NOT ATTACHED BUT AVAILABLE” column above, to SHA and/or its agents as soon as possible.

I/We also undertake to furnish any further information and/or documents and/or correspondences relating to this claim to SHA and/or its agents as and when it becomes available, and to keep SHA and/or its agents updated as to any further developments herein as far as possible.

SIGNED ON BEHALF OF THE INSURED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL NAMES (IN PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAPACITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED ON BEHALF OF THE BROKER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL NAMES (IN PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_