**GENERAL LIABILITY CLAIM FORM**

1. Please complete this claim form in BLOCK CAPITALS and send it to your broker.
2. The fields marked with an asterisk (\*) are peremptory. Any incomplete form will be returned to you for completion of the peremptory fields.
3. Once SHA has received the completed and duly signed Claim Form, we will acknowledge receipt and provide your Broker with a claim reference number. Kindly quote this claim reference number in all future correspondences to us.
4. Please note that the registration of a claim does not constitute an acknowledgement on the part of SHA that the claim has been accepted as a “valid” claim under the Policy and SHA reserves the right to either accept or reject a claim or void the Policy according to the relevant terms and conditions applicable, once SHA’s investigations into the matter are complete.
5. 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 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.

|  |  |  |
| --- | --- | --- |
| **GENERAL INFORMATION** | INSURED’S NAME \*  |  |
| INSURED CONTACT PERSON AND CONTACT DETAILS \* |  |
| BROKER \* |  |
| BROKER CONTACT PERSON AND CONTACT DETAILS \* |  |
| POLICY NAME AND NUMBER \* |  |
| SECTION OF THE POLICY APPLICABLE \* |  |
| **THE INCIDENT** | DATE OF THE INCIDENT \* |  |
| DATE WHEN INSURED FIRST BECAME AWARE OF INCIDENT \*  |  |
| PLACE OF THE INCIDENT \* |  |
| BRIEF DESCRIPTION OF THE INCIDENT \*(Attach a separate page hereto if additional space is required).  |
| WITNESS 1 - NAME |  |
| CONTACT DETAILS |  |
| WITNESS 2 - NAME |  |
| CONTACT DETAILS |  |
| NAME OF POLICE STATION AND CASE NUMBER – IF REPORTED |  |
| **THE THIRD PARTY** | THIRD PARTY - NAME \* (IF MORE THAN ONE THIRD PARTY IS INVOLVED, PLEASE PROVIDE DETAILS IN A SEPERATE DOCUMENT) |  |
| CONTACT DETAILS |  |
| NATURE OF RELATIONSHIP BETWEEN INSURED AND THIRD PARTY |  |
| **THE DAMAGE / INJURY / LOSS** | BRIEF DESCRIPTION OF THE INJURY/DAMAGE/ LOSS SUFFERED BY THE THIRD PARTY \*:  |
| ESTIMATED QUANTUM OR CLAIMED AMOUNT \* |  |
| **DOCUMENTS AND OTHER EVIDENCE IN SUPPORT OF THE CLAIM** | **DESCRIPTION**  | **NOT****AVAILABLE** | **ATTACHED** | **NOT ATTACHED****BUT AVAILABLE** |
| LETTER/S OF DEMAND/ SUMMONS/ NOTICES OF INSTITUTING LEGAL PROCEEDINGS FROM THIRD PARTY AND/OR THEIR LEGAL REPRESENTATIVES |  |  |  |
| AGREEMENTS/ CONTRACTS THAT MAY BE APPLICABLE : (Please specify the type of agreement/s) |  |  |  |
| DETAILED STATEMENTS BY ALL EMPLOYEES / MEMBERS OF STAFF/MANAGERS/ CONTRACTORS ETC. INVOLVED IN THE INCIDENT |  |  |  |
| A DETAILED STATEMENT BY A SENIOR STAFF MEMBER WHO HAS KNOWLEDGE OF THE INCIDENT INCLUDING THE INSURED’S VIEW ON THE INCIDENT AND CLAIM |  |  |  |
| DETAILED STATEMENTS OF INDEPENDENT WITNESSES |  |  |  |
| DETAILS OF ANY DISCLAIMER NOTICES ON THE PREMISES WHERE INCIDENT OCCURRED |  |  |  |
| CCTV OR OTHER VIDEO FOOTAGE |  |  |  |
| PHOTOGRAPHS  |  |  |  |
| ROUGH SKETCHES/ PLANS/ DIAGRAMS / MAPS |  |  |  |
| DOCTOR’S REPORTS |  |  |  |
| HOSPITAL RECORDS |  |  |  |
| MEDICAL INVOICES AND/OR RECEIPTS |  |  |  |
| X-RAY REPORTS |  |  |  |
| QUOTATIONS OR TAX INVOICES FOR REPAIR OR REPLACEMENT |  |  |  |
| COPIES OF ALL CORRESPONDENCES EXCHANGED BETWEEN THE INSURED, THE THIRD PARTY AND/OR BROKERS AND /OR LEGAL REPRESENTATIVES AND OTHERS REGARDING THE INCIDENT TO DATE |  |  |  |
| ANY OTHER INSURANCE POLICIES IN PLACE WHICH MAY ALSO PROVIDE COVER FOR THIS LOSS – Please specify and attach copies of the relevant policy schedule/s |  |  |  |
| ANY OTHER INFORMATION AND DOCUMENTS WHICH MAY BE OF RELEVANCE – Please specify |  |  |  |

I/We 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_