



EMPLOYMENT PRACTICES 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 not intended to be an exhaustive list and SHA and/or its agents acting on its behalf accordingly reserves the right to request any further information deemed appropriate while investigating the claim.

 011 731 3600  info@sha.co.za  www.sha.co.za

 The Pavilion, Wanderers Office Park, 52 Corlett Drive, Illovo, 2196

Santam is an authorised financial services provider (FSP 3416), a licensed non-life insurer and controlling company for its group companies.

a division of
 **santam**

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 event

Date when insured event occurred i.e. when the allegation of discrimination, sexual harrassment and / or inappropriate employment conduct was made*

Date when insured first became aware of allegations / insured event*

Date/s of any disciplinary hearings / investigations / enquiries / written warnings issued*

Brief description of the nature of the dispute/ allegations / the insured event* (attach a separate page hereto if additional space is required).

Witness 1

Name

Contact details

Witness 2

Name

Contact details

Other witnesses

Name

Contact details

Name

Contact details

The third party / employee

Third party / employee – name* (if more than one third party is involved, please provide details in a seperate document)

Contact details

Position held by third party

Number of years in this position

Details of any previous grievances/ disciplinary enquiries / misdemeanours involving the third party / employee

Damages / compensation claimed

Brief description of the compensation / damages claimed by the third party*

Estimated quantum or claimed amount*

Documents and other evidence in support of the claim

Description

| | | | |
|---|---------------|----------|----------------------------|
| A copy of the third party's contract of employment | Not available | Attached | Not attached but available |
| A copy of the third party's latest payslip | Not available | Attached | Not attached but available |
| A copy of the insured's disciplinary procedure / code of conduct in place at the time of the insured event / claim | Not available | Attached | Not attached but available |
| All documentation relating to any disciplinary hearings, written warnings, internal investigations and / or enquiries, etc. (kindly list them here) | Not available | Attached | Not attached but available |
| A statement by a member of senior management with the details of the charges laid against the third party in the event of a disciplinary hearing held and / or the grievances raised by the third party against the insured and the background circumstances leading up to the claim. | Not available | Attached | Not attached but available |
| Copies of all correspondences, claims, summonses, writs, applications, referrals of dispute or processes | Not available | Attached | Not attached but available |
| If the matter had been referred to a statutory or bargaining council, an arbitration tribunal, for conciliation, the ccma or the labour court or for any other dispute resolution process, attach copies of the referral forms, any settlement agreements and/or the arbitrator's decision etc. | Not available | Attached | Not attached but available |
| Any other information or documents which may be of relevance (kindly list them here.) | Not available | Attached | Not attached but available |

YOUR INFORMATION

The above information is required in order to properly assess the claim in question. We are aware that certain information disclosed to us may be deemed Personal Information in terms of the Protection of Personal Information Act 4 of 2013 (POPI) and we will accordingly take all reasonable steps to ensure that your information is processed / used / stored in accordance with POPI. I / We solemnly declare that the information provided above is both true and correct.

We further hereby inform you that we may have to share your personal information with our service providers (loss adjusters, attorneys, investigators

& other consultants/advisors) involved in assessing the Claim in accordance with your Insurance Policy.

Where necessary, we may also disclose your Personal Information, including potentially sensitive information about you, to other insurers, reinsurers, legal representatives and other consultants in order to protect the legitimate interests of the Insurer / Santam Ltd.

In addition, we may need to obtain certain information from other sources (such as the South African Police Service or a medical practitioner) but we undertake to advise you if/when we collect personal information from such other sources.

If you do not provide the requested information or consent for the collection and disclosure as described above, the assessment of your claim may be delayed and/or we may not be able to accept the claim.

You also have the right, in terms of POPI, to object (on reasonable grounds) to the processing of your Personal Information.

By signing this claim form, you acknowledge the purpose for which the information is collected and the manner in which it may be processed and accordingly provide your consent to the above stated use / dissemination / disclosure of your personal information.

DECLARATIONS

I / We declare that the information provided above is both true and correct and that I / we are not aware of any information relevant to this claim that has been withheld.

I / We understand that failure or delay in providing information and supporting documentation may cause a delay in finalising the claim and/or may prejudice the defence of claim on the Policy.

I / We also undertake to furnish any outstanding or additional 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 broker

Full names

Capacity

Date
