|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 THE 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 |  | | | |
| **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 |  | | | |
| NO. 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** | | **NOT**  **AVAILABLE** | **ATTACHED** | **NOT ATTACHED**  **BUT AVAILABLE** |
| A COPY OF THE THIRD PARTY’S CONTRACT OF EMPLOYMENT | |  |  |  |
| A COPY OF THE THIRD PARTY’S LATEST PAYSLIP | |  |  |  |
| A COPY OF THE INSURED’S DISCIPLINARY PROCEDURE / CODE OF CONDUCT IN PLACE AT THE TIME OF THE INSURED EVENT / CLAIM | |  |  |  |
| ALL DOCUMENTATION RELATING TO ANY DISCIPLINARY HEARINGS, WRITTEN WARNINGS, INTERNAL INVESTIGATIONS AND/OR ENQUIRIES ETC. (Kindly list it here) | |  |  |  |
| A STATEMENT BY A MEMBER OF SENIOR MANAGEMENT WITH THE DETAILS OF THE CHARGES LAIN 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. | |  |  |  |
| COPIES OF ALL CORRESPONDENCES, CLAIMS, SUMMONSES, WRITS, APPLICATIONS, REFERRALS OF DISPUTE OR PROCESSES | |  |  |  |
| IF THE MATTER HAD BEEN REFERRED TO A STATUTORY OR BARGAINING COUNCIL, AN ARBITRATION TRIBUNAL, FOR CONCILLIATION, 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. | |  |  |  |
| ANY OTHER INFORMATION OR DOCUMENTS WHICH MAY BE OF RELEVANCE (Kindly list them here.) | |  |  |  |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_