**GENERAL LIABILITY CLAIM FORM**

1. Please complete this claim form in BLOCK CAPITALS and send it to your broker.

1. The fields marked with an asterisk (\*) are peremptory. Any incomplete form will be returned to you for completion of the peremptory fields.
2. 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.
3. 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.
4. 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.

**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 \* |  |
| 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 \* | |
| WITNESS 1 - NAME |  |
| CONTACT DETAILS |  |
| WITNESS 2 - NAME |  |
| CONTACT DETAILS |  |
|  | OTHER WITNESSES AND CONTACT DETAILS |  |

**SECTION 2: THIRD PARTY / RETAILER**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **THE THIRD PARTY**  **(THE RETAILER/  PETROL STATION)** | THIRD PARTY NAME \* |  | | | | |
| CONTACT DETAILS OF THE RETAILER AND RETAIL MANAGER |  | | | | |
| NATURE OF RELATIONSHIP BETWEEN INSURED AND THIRD PARTY |  | | | | |
| **THE DAMAGE / INJURY / LOSS** | BRIEF DESCRIPTION OF THE INJURY/DAMAGE/ LOSS SUFFERED BY THE THIRD PARTY INCLUDING BUT NOT LIMITED TO TYPE OF FUEL HAS BEEN CONTAMINATED, DIPS BEFORE THE CONTAMINATION AND DIPS AFTER THE CONTAMINATION. Please provide in litres and value per litre\*: | | | | | |
| ESTIMATED QUANTUM OR CLAIMED AMOUNT \*Please attach the delivery note: |  | | | | |
| **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 |  | |  | |  |
| CCTV OR OTHER VIDEO FOOTAGE |  | |  | |  |
| PURCHASE ORDER\* |  | |  | |  |
| DELIVERY NOTE\* |  | |  | |  |
| COPY OF THE RETAILER’S OPENING AND CLOSING TANK BALANCES\* |  | |  | |  |
| COPY OF INVOICE ISSUED FOR CLEANING AND / OR FLUSHING OUT OF CONTAMINATED FUEL FROM RETAILER TANK(S)\* and proof of payment thereof. |  | |  | |  |
| SALVAGE RECORDS AND INVOICES\* |  | |  | |  |
| 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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 3: OTHER AFFECTED THIRD PARTIES (if applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OTHER THIRD PARTIES**  **(VEHICLES PUMPED WITH CONTAMINATED FUEL)** | THIRD PARTY NAME\* |  | | |
| MOTOR VEHICLE REGISTRATION NO:\* |  | | |
| MOTOR VEHICLE MAKE AND MODEL\* |  | | |
| CONTACT DETAILS OF THE OWNER OF THE MOTOR VEHICLE AND /OR BONA FIDE POSSESSOR\* |  | | |
| **THE DAMAGE / INJURY / LOSS** | BRIEF DESCRIPTION OF THE INJURY/DAMAGE/ LOSS SUFFERED BY THE THIRD PARTY E.G. WHAT AMOUNT AND TYPE OF FUEL HAS BEEN PUMPED INTO THE VEHICLE? AND WHAT IS THE CORRECT TYPE OF FUEL REQUIRED BY THE MOTOR VEHICLE?\* | | | |
| WAS CONTAMINATION DISCOVERD BEFORE OF AFTER THE VEHICLE HAD BEEN ON IGNITION?\* |  | | |
| **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 |  |  |  |
| DETAILED STATEMENT BY THE MOTOR VEHICLE OWNER AND / OR BONA FIDE POSSESSOR / DRIVER\* |  |  |  |
| DETAILED STATEMENTS OF INDEPENDENT WITNESSES (If any) |  |  |  |
| COPY OF IDENTITY DOCUMENT AND DRIVER’S LICENCE OF THE THIRD PARTY / DRIVER\* |  |  |  |
| COPY OF MOTOR VEHICLE REGISTRATION PAPERS / LICENSE DISC AND / OR ANY OTHER PROOF OF CLAIMANT’S OWNERSHIP OR LAWFUL POSESSION OF THE MOTOR VEHICLE\* |  |  |  |
| THE PETROL SLIP / RECEIPT AS PROOF OF PURCHASE AT THE SPECIFIC RETAILER |  |  |  |
| THREE QUOTATIONS OR TAX INVOICES FOR REPAIR OR REPLACEMENT OF PARTS |  |  |  |
| 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. |  |  |  |
| PROVIDE DETAILS OF ANY INSURANCE POLICIES IN PLACE WHICH MAY ALSO PROVIDE COVER FOR THIS LOSS\*– Please specify and attach copies of the relevant policy  Or;  IF YOUR CLAIM FROM SUCH POLICY HAS BEEN REJECTED, KINDLY PROVIDE A COPY OF THE REJECTION LETTER\*  Or;  IF YOU HAVE NO MOTOR VEHICLE INSURANCE COVER, PLEASE PROVIDE AN AFFIDAVIT CONFIRMING SAME\* |  |  |  |
| ANY OTHER INFORMATION AND DOCUMENTS WHICH MAY BE OF RELEVANCE – Please specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

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SIGNED ON BY THE THIRD PARTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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