



PROFESSIONAL INDEMNITY 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.

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 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.

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1. GENERAL INFORMATION

Insured's name

Insured contact person and contact details*

Broker*

Broker contact person and contact details*

Policy name and number*

Applicable section of the policy*

1.1 Is there any other insurance that may be applicable to this notification?*

If yes, please provide the following details:

NO YES

Policy holder

Insurer

Type of insurance

Proof of insurance

1.2 Claimant's details

Third party – name* (if more than one third party is involved, please provide details on a separate page)

Contact details*

Email address:

Nature of the relationship between the insured and the third party

1.3 Details of insured's contract

What were you contracted to do?*

Was your contract for services reduced to writing?* If YES, please attach a copy

NO YES

If NO, please provide sufficient details regarding the date of the contract and the terms agreed upon on a separate page.

When did you perform the work out of which the claim arises, or may arise?

Please provide the name of the person within the company who actually performed the work or against whom the claim or potential claim is directed at.

Were any sub-contractors involved in this incident?*

If YES, please provide the details on a separate page and a copy of the contract.

NO YES

2. DETAILS OF THE CLAIM OR CIRCUMSTANCE

What is the precise nature of the claim (i.e. the third party's allegations) or the fact or circumstance that might give rise to a claim?*

Was the claim or the intimation of a claim made in writing?*

NO YES

Have you received a written demand (letter / summons / notice etc)?*

NO YES

If YES, please attach a copy of this together with any correspondence relating to the written demand

Have proceedings been instituted against you (summons, inquiry etc)?*

NO YES

If YES, please attach a copy of the court documents together with any correspondence relating to the written demand

Was the claim or intimation of a claim made verbally?*

NO YES

If YES, please provide a "first person" account of the conversations

On what date did you first become aware of the claim or the circumstance which may give rise to a claim?*

What amount, if any, is claimed?

If the third party is claiming other relief, please specify.

3. DETAILS OF INSURED'S RESPONSE

What are your comments in response to the claim or the fact or circumstance that may give rise to a claim?*

Are there any other parties which may have contributed to the claim, if any, to the third party?*

NO YES

If YES, please provide details

What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the third party?*

Are there additional details about which you wish to advise, so that SHA will have a better understanding of this matter?

4. 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 insured

Full names

Capacity

Date

Signed on behalf of the insured

Full names

Date