



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.

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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.

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 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

Other witnesses

Name

Contact details

Name

Contact details

The third party

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

Letter/s of demand / summons / notices of instituting legal proceedings from third party and / or their legal representatives	Not available	Attached	Not attached but available
Agreements / contracts that may be applicable (please specify the type of agreement/s)	Not available	Attached	Not attached but available
Detailed statements by all employees / members of Staff / managers / contractors etc. Involved in the incident	Not available	Attached	Not attached but available
A detailed statement by a senior staff member who has knowledge of the incident including the insured's view on the incident and claim	Not available	Attached	Not attached but available
Detailed statements of independent witnesses	Not available	Attached	Not attached but available
Details of any disclaimer notices on the premises where incident occurred	Not available	Attached	Not attached but available
CCTV or other video footage	Not available	Attached	Not attached but available
Photographs	Not available	Attached	Not attached but available
Rough sketches/ plans / diagrams / maps	Not available	Attached	Not attached but available
Doctors' reports	Not available	Attached	Not attached but available
Hospital records	Not available	Attached	Not attached but available
Medical invoices and / or receipts	Not available	Attached	Not attached but available
X-ray reports	Not available	Attached	Not attached but available
Quotations or tax invoices for repair or replacement	Not available	Attached	Not attached but available
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	Not available	Attached	Not attached but available
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	Not available	Attached	Not attached but available
Any other information and documents which may be of relevance – please specify	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.

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 broker

Full names

Date