

## LIABILITY

### CLAIM FORM

1. Please complete the 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 your for completion of the peremptory fields.
3. Once HW Brokers has received the completed and duly signed Claim Form, we will acknowledge receipt and provided your Broker with a claim reference number. Kindly quote this claim reference number in a future correspondence to us.
4. Please note that the registration of the claim does not constitute an acknowledgement on the part of HW Brokers that the claim has been accepted as a "valid" claim under the Policy and HW Brokers reserves the right to either accept or reject a claim or void the Policy according to the relevant terms and conditions applicable, once HW Brokers investigations into the matter are complete.
5. The information that is sought herein is merely a guideline to assist the Insured in formulating this claim and not intended to be an exhaustive list. HW Brokers 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.

#### 1. General Information

Insured Name

Insured contact details

Broker

Broker contact person and contact details

#### 2. The Incident

Date of the incident

Date when Insured first became aware of incident

Place of the incident

Detailed description of how loss occurred

Witness 1 – Name

Contact details

Witness 2 – Name

Contact details

Name of police station and cause number – if reported

### 3. The third party

Third party – name (IF more than one third party involved, please provide details in a separate document)

Contact Details

Nature of relationship between insured and third party

### 4. The damage / injury / loss

Brief description of the damage / injury / loss suffered by the third party

Estimated quantum or claimed amount



## 5. Documents and other evidence in support of the claim

	Not available	Attached	Not attached but available
Letter/s of demand / summons / notice of instituting legal proceedings from third party and / or their legal representatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agreements / contracts that may be applicable: (please specify the type of agreement/ss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A detailed statements by all employees / members of staff / managers / contractors etc. Involved in the incidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Detailed statement of independent witness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Details of any disclaimer notices of the premises where the incident occurred	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CCTV or other video footage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Photographs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rough sketches / plans / diagrams / maps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctor's reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical invoices and / or receipts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X – ray reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quotations or tax invoices for repair of replacement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copies of all correspondence exchanges between the insured, the third party and / or brokers and / or legal representatives and other regarding the incident of date	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other information and documents which may be relevance (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 4. Declaration

I/ We declare that to the best of my / our knowledge the above statements are true. I acknowledge that the information set out above is provided freely so that Insurance Company may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that the Insurance Company may use this information, my personal information on record and additional information obtained from other sources in order to determine whether to accept or reject my claim and take all necessary steps ancillary thereto to give effect hereto.

I understand that I may be liable for output VAT in term of section 8(8) of the VAT Act 89 of 1991.

<b>Insured's Signature</b>	<b>Date</b>
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