

HELEN KING

"AN AUTHORISED FINANCIAL SERVICE PROVIDER"

NANINI 390 CC t/a HELEN KING

Phone: 031 309 9180 Fax: 086 673 6783 Cellphone: 083 661 7077 Email: helen@helenking.co.za
Address: 40 Milner Road, Essenwood, Durban, 4001 Postal Address: Postnet Suite 190, Private Bag X10, Musgrave Road, 4062

THE SITE CLEAN UP CLAIM FORM

Insurer

Insurer:	
Policy Number:	

Insured

Name of Company:	
Contact Person:	
Business of the Insured:	
VAT Number:	
Registration Number:	
Contact Number:	
Email Address:	
Underlying Commercial Insurer:	
Policy Number:	
Underlying Fire & Explosion Insurer:	
Policy Number:	

Site Details

Physical Address:									
GPS Co-ordinates:									
Area / Town:					Province:				
Site Ownership :	Owned:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Leased:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Rented:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Incident/ Accident Details

Date:				Time:				
Commodity Spilt:				UN Number:				
Approximate Quantity Lost:				Product Owner:				
If you are not the product owner please provide full details:								
Where did the spill originate from:	Above Ground Tanks		Yard Storage		Warehouse		Third Party Vehicle	
If none of the above, please state where the spill originated from:								
If the spill originated from the Above Ground Tank and related infrastructure, please complete the following:								
Tank Number:				Tank Capacity:				
Age of Tank:				Age of Piping:				
Type of piping:	Mild Steel		Galvanised Steel		HDPE (Single)		HDPE (Double)	
Onto what surface did the spill occur	Concrete / Cement		Paving / G-Block		Sand / Gravel		Tar	
If the spill originated from "Other", please provide details:								

Was the spill the result of a forklift:			YES	NO		
If yes, please complete the details below in respect of the operator of the forklift:						
Name:	Surname:					
ID Number:	Passport Number:					
Permanently employed:	YES		NO			
Employed Since:						
Forklift Certificate (attach driver forklift certificate):			Expiry Date:			
Was the Forklift Operator tested for Drugs & Alcohol:			YES	NO		
Onto what surface did the spill occur:	Concrete / Cement	Paving / G- Block	Epoxy Coated	Sand / Gravel	Tar	
Were the operations on site immediately halted:			YES	NO		
Were the stormwater drains boomed off:			YES	NO		
Has there been any product detected in any boreholes:			YES	NO		
Has there been any product detected in any surface water sources:			YES	NO		
Has there been any product detected in the groundwater monitoring wells on site:			YES	NO		
Is there any contamination (Water, Soil, Third Party):						
Insurer / Hazcall Notified:			YES	NO		
Any Other Response Company on Site:						
Full Description of Loss:						
Who is the responsible party:						
Did a Third Party cause this loss:			YES	NO		
If "Yes", please complete the Third-Party Details boxes below.						

Third Party Vehicle Details (If Applicable)

Name & Surname:	ID Number:	Contact Details:	Vehicle Registration:	Make of Vehicle:

Third Party Property Details (If Applicable)

Name & Surname of Owner:	Physical Address:	On the same property as you:		Details of Damage:
		Y	N	
		Y	N	
		Y	N	
		Y	N	

Police Details (If Applicable)

Police Station:		Officer Name:	
AR Number:		Date Reported:	

Sketch of Accident

If necessary, use a separate page. Please clearly show the point of impact and indicate the direction of travel by arrows. Give details of any road signs in the vicinity of scene of accident.

Important

Insurers share information with each other regarding commercial policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance.

The Underwriters do not admit liability by the issuing of this claims document.

This claim document needs to be completed and returned to the Insurer's claims department within **7 Days from issue**, as per the terms and conditions of the policy wording.

Declaration

I hereby declare that all statements made herein are true and correct and that there are no other material facts regarding the incident that should be disclosed. I further agree that if any statement or particulars herein are supplied by any person other than myself, that the person shall be deemed to have been acting as my agent for the purpose of this claim form. I am also not aware of any claims against me other than those mentioned above.

Any untrue or incorrect statements in this claim form may result in the claim being rejected.

I / We hereby declare that all the information given is true, correct and complete.

Full Name:		Capacity:	
Signature:		Date:	

All claims to be called through to Helen King on 031 309 9180 (during working hours) and 083 661 7077 (after working hours) immediately when the claim occurs.

All claim forms must be sent to Helen King's offices within 7 days, and all supporting documentation within 30 days, from date of notification for verification purposes.

The following information/documents are required to process a claim:

- A fully completed and signed claim form
- Proof of underlying fire and explosion policy
- Copy of current stock reconciliation
- Copy of flammable storage sign off
- Copy of the Material Safety Data Sheet (MSDS)

All documents need to be clear and legible.

Any additional Documents that may be required and will be requested at claim stage.