

# HELEN KING

"AN AUTHORISED FINANCIAL SERVICE PROVIDER"

## NANINI 390 CC t/a HELEN KING

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Address: 40 Milner Road, Essenwood, Durban, 4001 Postal Address: Postnet Suite 190, Private Bag X10, Musgrave Road, 4062

### THE SITE CLEAN UP – UNDERGROUND TANKS - CLAIM FORM

#### **Insurer**

Insurer:	
Policy Number:	

#### **Insured**

Name of Company:	
Contact Person:	
Business of the Insured:	
VAT Number:	
Registration Number:	
Contact Number:	
E-mail 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:	YES	NO	Leased:	YES	NO	Rented:	YES	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 of the product owner:							
Where did the spill originate from:	Above Ground Piping	Above Ground Pump		Under Ground Tank		Loading and Offloading	

If none of the above, please state where the spill originated from:

If the spill originated from the Underground 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)	
Date of last Integrity / Pressure Test:							
Date of last product reconciliation:							
Type of product reconciliation:	Manual		ATG				
Dispenser Information:	Suction		Pressure				

Filler Points:		Remote		Direct	
Is the product distribution/forecourt area linked to a separator/sump system:		YES		NO	
If the spill originated from "Other", please provide details:					
Onto what surface did the spill occur:	Concrete / Cement	Paving / G-Block	Epoxy Coated	Sand / Gravel	Tar
Did the spill occur under ground:		YES		NO	
Were the stormwater drains boomed off:		YES		NO	
Any Contamination (Water, Soil, Third Party):					
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	
Was there any soil contamination:		YES		NO	
Hazcall Notified:		YES		NO	
Was there 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:	

### Important

Insurers share information with each other regarding 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 any claims document.

All claims, or any incidents that may result in a claim, are to be notified to insurers, via Helen King, immediately. This claim document needs to be completed and returned to the Insurer's claims department, via our office, within **7 Days from date of 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 and correct.

Full Name:		Capacity:	
Signature:		Date:	

**All claims to be notified to Helen King on 031 309 9180 during office hours and 083 661 7077 after office hours immediately when the claim occurs. The claim form must be sent to Helen King's offices within 7 days, with supporting documents being sent through by no later than 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 asset, fire and explosion policies in the event of a fire and explosion
- Copy of last 6 (six) months stock reconciliation
- Copy of latest integrity/pressure testing report
- Copy of the latest pump calibration certificates

All documents need to be clear and legible. Any additional Documents that may be required and will be requested at claim stage.