

HELEN KING

"AN AUTHORISED FINANCIAL SERVICE PROVIDER"

NANINI 390 CC t/a HELEN KING

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THE TRANSPORT CLEAN UP CLAIM FORM

Insurer

Insurer:	
Policy Number:	

Insured

Name of Company:	
Contact Person:	
Business of the Insured:	
VAT Number:	
Registration Number:	
Physical Address:	
Contact Number:	
Email Address:	
Underlying HCV Insurer:	
Policy Number:	
Underlying GIT Insurer:	
Policy Number:	

Vehicle Details

Make:		Model:	
Registration Number:		Chassis/ VIN Number:	
Registered Owner:		24 Hour Monitoring:	

Driver Details

Name and Surname:				
Identity Number or Passport Number:				
Nationality:				
Permanently Employed:	YES		NO	
If YES, since when:				
Driver's License No:	Code:		Expiry:	
PrDP Category:			Expiry:	
Hazchem Certificate:				
Driver Tested for Alcohol and Drugs:				

Incident/ Accident Details

Date:		Time:	
Place:		Area:	
Commodity Carried:		UN Number:	
Product Supplier:			
Approximate Quantity Lost:			
Any Contamination: (Water, Soil, Third Party):			
Hazcall Notified:	YES		NO

Any Response Company on Site:	
Brief Description of Accident:	

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:	Details of Damage:

Police Details

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.

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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, via our office, 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. Should I become aware of any further claims arising I will inform insurers, via my broker, immediately.

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:	