

# ESKOM INSURANCE MANAGEMENT SERVICES

## INSTRUCTIONS

1. A person making a claim against you **must not** be advised that you are insured or as to the terms and extent of your insurance.
2. All claims made against you must be advised to EIMS immediately on receipt and all communications forwarded unanswered to EIMS.
3. EIMS will subject to the terms and conditions of the Policy undertake your defence in any legal action and all notices or advice of such action must be forwarded to EIMS forthwith.
4. The issue of this form must not be considered as an admission of liability on the part of EIMS but is issued in accordance with the terms and conditions of the Policy.
5. EIMS will recover the applicable Policy deductible from the contractually liable Insured (BU and/or Contractor/Supplier).

	<b>Eskom Insurance Management Services</b> <b>PUBLIC LIABILITY CLAIM FORM</b>	Rev. 3 Sep 2010	
<b>To:</b> Eskom Insurance Management Services (EIMS) <b>Att:</b> EIMS Claims Tel: 011 800 2387 E-mail: <a href="mailto:simbayi.matsika@eskom.co.za">simbayi.matsika@eskom.co.za</a>			
<b>Note:</b> To immediately notify EIMS by using this standard claim form			
<b>*Policy Number</b>			
<b>Eskom Project</b>			
<b>Contract Description</b>			
<b>**Eskom Cost Centre No.</b>			
<b>**Eskom WBS No.</b>			
<b>Contractor Details</b>	Company Name		
	Contractor's Ref No.		
	Physical Address of Contractor if not at above Project Site		
		Postal Code	
	Telephone No.		
	E-mail Address		
	Maintenance or General Overhaul	Yes	No
	Eskom New Works	Yes	No

	Contract Start Date	
	Contract End Date	
<b>Loss/damage Details</b>	Date of Loss	
	Time of Loss	
	Place of loss/damage	
	When was loss discovered	
<b>Description of How loss Occurred and Extent of damage</b>		
<b>Estimated Loss Amount</b>		<b>R</b>
<b>Claimant / Third Party</b>	Name of Third Party Affected	
	Date of Birth (especially if member of the Public)	
	Address	
	Telephone No	
	E-mail Address	
	<b>If more than one claimant, please provide details on separate page</b>	
<b>Police</b>	Police Station Name	
	Case Number	
	Date reported	Time Reported
<b>Contact Person At Site Location</b>	Name	
	Telephone No	
	E-mail Address	
<b>Eskom Project Representative</b>	Name	
	Telephone No	
	E-mail Address	
<b>Declaration by Claimant</b>	<p>We understand that the completion of this form is not an admission of liability. We hereby declare the foregoing particulars to be true in every respect and that we Have not withheld from EIMS any material information within our knowledge connected with this loss.</p> <p><b>Name</b> .....</p> <p><b>Signature</b> .....</p> <p><b>Date</b> .....</p>	

\* Obtained or Completed by EIMS

\*\* Eskom Representative to complete for Internal Data Processing Purposes only