



Eskom Insurance Management Services
CONTRACT WORKS CLAIM FORM

Rev. 3
Sep 2010

To: Eskom Insurance Management Services (EIMS)
Att: EIMS Claims Tel: 011 800 2387 E-mail: simbayi.matsika@eskom.co.za

Note: To immediately notify EIMS by using this standard claim form

*Policy Number			
Eskom Project			
Contract Description			
**Eskom Cost Centre No.			
**Eskom WBS No.			
Claimant / Contractor Details When was loss discovered	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
	Other (describe)		
	Contract Start Date		
	Contract End Date		
	Date of Loss		
	Time of Loss		
	Place of loss/damage		
	When was loss discovered		
Description of how loss occurred and extent of damage			

Estimated Loss Amount		R	
Police	Police Station Name		
	Case Number		
	Date Reported		Time Reported
Contact Person at Site Location	Name		
	Telephone No		
	E-mail Address		
Eskom Project Representative	Name		
	Telephone No		
	Email Address		
Declaration by Claimant	<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>Name.....</p> <p>Signature.....</p> <p>Date.....</p>		

* Obtained or Completed by EIMS

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