

**Eskom Insurance Management Services**

Rev. 3

ASSETS ALL RISKS CLAIM FORM

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