

**Eskom Insurance Management Services**

Rev. 3

Sep 2010

**MARINE CLAIM FORM****To:** Eskom Insurance Management Services (EIMS)**Att:** EIMS Claims Tel: 011 800 2378 Email: [simbayi.matsika@eskom.co.za](mailto:simbayi.matsika@eskom.co.za)**EXCESS / DEDUCTIBLE: Effective until 31 March 2011, unless specified differently in Contract)**

- If shipment related to Distribution Projects/Contracts – 10% of loss, min R100,000-00, max R250,000-00.
- If shipment related to Contracts covered by the 'Floater Works' policy – 10% of loss, min R100 000.00, max R1 000 000.00
- If shipment related to Contracts covered by the 'Annual' CAR policy – 10% of loss, min R100 000.00 max R500 000.00

To immediately notify EIMS of claim regardless of the deductible

Claim Survey is only required if a claim is expected to exceed R50 000.00

<b>*Policy Number</b>		
<b>Eskom Project</b>		
<b>Contract Description</b>		
<b>**Eskom Cost Centre No.</b>		
<b>**Eskom WBS No.</b>		
<b>Contact name of Contractor / Supplier Responsible for Shipment / Transit</b>		
<b>Contractor / Supplier Details</b>	Company Name	
	Contractor's Ref No.	
	Telephone No.	
	E-mail Address	
	Fax	
<b>Eskom Project Representative</b>	Name	
	Telephone No	
	Email Address	
<b>Loss/damage Occurrence</b>	Date of Loss	
	Time of Loss	
	Incoterms Purchased	
<b>Description of Circumstances of Loss</b>		

<b>Estimated Loss Amount</b>		<b>R</b>
<b>Inland Transits</b>	Waybill / Manifest No.	
	Date of Document	
<b>Sea Freight Shipment</b>	Vessel Name	
	Bill No.	
	Bill Date	
<b>Air Freight Shipment</b>	Airway Bill No.	
	Airway Bill No.	
<b>To Survey Damaged Cargo</b>	Location of damaged Cargo	
	Contact Name	
	Tel No.	
	Email Address	
<b>Form Completed by</b>	Name	
	Signature	
	Date	

It is a condition of all Marine Policies that the Insured (Contractor/Supplier) and/or their Agent shall take all such measures as may be reasonable for the purpose of averting or minimising a loss and to ensure that all rights against Carriers, Bailees, or other Third Party/ies are properly preserved and exercised by: -

**TIMELY LODGING CLAIMS AGAINST THE RESPONSIBLE THIRD PARTY/IES IN WRITING, BY USING THE FOLLOWING ANNEXURES (Refer Website):**

- A – For the standard EIMS/ESKOM Project Management – Eskom Marine Claim Notification Form
- B – For the Pro-forma Claim Notice to lodge against the Contractor/Supplier/Clearing Agent & other Party/ies
- C – For the Priced Claim Notice issued by EIMS/ESKOM once claim amount is quantified, to lodge against all Third Party/ies.

**FOR OFFICE USE ONLY:**

EIMS CLAIM REF NO:..... POLICY NO: .....  
 BROKER CLAIM REF NO:..... INCEPTION DATE: .....

\* Obtained or Completed by EIMS  
 \*\* Eskom Representative to complete for Internal Data Processing Purposes only