

A C and E Engineering Underwriting Managers (Pty) Ltd

Acting on behalf of New National Assurance Company Limited, FSP 2603 under a claims handling mandate

NEW NATIONAL
ASSURANCE COMPANY
People you can talk to:

7th Floor Office Tower, Bedford Centre, Smith Street, Bedfordview P O Box 752189, Gardenview, 2047, Republic of South Africa

Company Registration Number: 2009/015923/07 VAT Registration Number: 4020257368

Tel. No.: 011 615 7529 Fax: 011 615 9360 Website: www.engineeringace.co.za

Liability Claim Form



To enable us to resolve your claim within the shortest possible time please ensure that this form is completed in detail

AC&E Policy Number:						
Broker Name:						
1. Details of Insured:						
Insured Name:						
Business address:						
Insured Contact Person:		Cell No.:				
Telephone No.:		Email add	Email address:			
2. Policy Information:						
Select the relevant Policy:	Plant Policy		C	Contract Works Policy:		
If Plant Policy, identify the item on the Policy Schedule involved in incident:						
Select if the incident occurred on Site; OR on the Road:	On Site:		C	On Road:		
3. Details of Loss/Damage:						
Date and time of loss/damage:						
Where did the incident occur:						
In whose employ is the person who cause	ed the damage: _					
*PLEASE INCLUDE PICTURES OF THE	INCIDENT AS W	/ELL AS ANY (CORRESPO	ONDENC	E AND/OR FO	RMAL DEMAND



4. Details of Third Party:
NAME OF THIRD PARTY:
TEL # OF THIRD PARTY:
E -MAIL ADDRESS:
POSTAL ADDRESS:
DOES THE INSURED ACCEPT LIABILITY:
IF NO- IS SOMEONE ELSE RESPONSIBLE:
ESTIMATED QUANTUM OF THE CLAIM:
IS THE CLIENT/THIRD PARTY REPRESENTED BY ATTORNEYS:
IF YES PLEASE PROVIDE ATTORNEY DETAILS:
5. Declaration:
I / We warrant that the foregoing information provided is true and correct, and that no information has been withheld in respect of the
loss / damage. I / We undertake to advise AC & E Engineering Underwriting Managers in writing in the event of any changes to supplied information, and in the event of the recovery of any part of the property forming the subject of this claim.
POPIA Notice: The information requested and provided will be solely used in order to finalise the claim

Capacity:

Date:

Detailed description of how the loss occurred:

Full Name in Print:

Signature: