

NEW NATIONAL ASSURANCE COMPANY People you can tells to:

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

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: <u>www.engineeringace.co.za</u>

Liability - Underground Facilities 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 address:	

2. Policy Information:

Select the relevant Policy:	Plant Policy:	Contract Works Policy:	
If Plant Policy, identify the item on the Policy Schedule involved in incident:			

3. Details of Loss/Damage:

3.1 Date and time of loss/damage: ____

b) Under whose instruction and control was he operating____

c) What function was being performed at the time of the accident?

d) Did the accident occur directly as a result of the performance of the Contract?



Managing Director: Anne-Marie Fourie

Reg. No: 2009/015923/07 - VAT No: 4020257368- An Authorised Financial Service Provider – FSP 43281 POPIA Notice: The information requested and provided will be solely used in order to finalise the claim 3.5 Describe fully & clearly, how the accident occurred (Please use a separate page if necessary):

3.6 Questions a) to f) relates to the Contract on which the Insured was working at the time of the accident:

a) Contract Value (including free-issue materials): _____

b) What does the Contract entail:

c) Contract period date of (i) commencement of work: _____

d) Names of contracting parties:

e) Are you the main contractor; or sub-contractor:

f) In terms of the Contract, who is responsible for arranging insurance over the Works & Liability?

*Please submit the relevant extract from the Contract Document relating to the obligation to insure.

3.7. a) Were you aware of the underground facilities in the area: ______

b) Did you know the exact position: _____

b) If so, were the positions of the underground facilities correctly shown on the wayleaves?

c) If wayleaves were not obtained, were you in possession of other plans and/or drawings on which the underground facilities are

shown:

d) Who supplied these plans and/or drawings:

3.9 What precautions were taken prior to excavation to establish the position of the underground facilities:

3.10. a) Do you accept that you damaged the underground facility?

b) Do you believe that you were negligent and should accept liability?

3.11 Do you believe anyone else should be accountable, e.g., other contractors working in the area?

4. Details of Third Party:

Name of Third Party:			
Contact Details:			
E-mail Address:			
Postal Address:			
Estimated Quantum of Claim:			
Is the Client/Third Party represented by Attorneys: Yes □ No □			
If yes, please provide their 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.

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Full Name in Print:	Capacity:	
Signature:	Date:	