



ENVIROSURE CLAIM -DOCUMENTATION REQUIRED:

- All claims to be called through to Envirosure's 24-hour call centre on 0860 44 44 11 immediately when the claim occurs.
- All claim forms and documents must be sent to Envirosure Underwriting Managers offices within 7 days, but no later than 30 days, from date of notification for verification purposes.
- The following information / documents are required to process an Envirosure claim: All documents need to be clear and legible
 - o A fully completed and signed claim form
 - Proof of underlying asset, fire and explosion policies in the event of a fire and explosion
 - Copy of last 6 (six) months stock reconciliation
 - o Copy of latest integrity / pressure testing report
 - o Copy of the latest pump calibration certificates

Any additional documents that may be required and will be requested at claim stage.

- Of utmost importance on the claim form are the following details:
 - o Owner's contact numbers
 - Full third-party details
 - Time, date and place of incident
 - Approximate quantity of product lost
 - o Full description of how incident / loss occurred
 - Insured signature and date
- Envirosure Claims department will:
 - Appoint all response units
 - Appoint all assessors
 - o Appoint any reconstruction specialists as and when required
 - Liaise with their call centre
 - Liaise with brokers throughout the claim process
 - Pay all relevant and approved claims
 - Pay all approved suppliers
 - Handle all repudiations
 - o Handle all recoveries, third parties and any legal matters





A member of the **Séché** Group

THE SITE CLEAN-UP UNDERGROUND CLAIM FORM

INSURED INFORMATION		
Name of Company:		
Contact Person:		
Email Address:		
Contact Number:		
Underlying Commercial Insurer:	Policy Nu	imber:
Underlying Fire and Explosion Insurer:	Policy Nu	imber:

SITE DETAILS									
Physical Address:									
GPS Co-Ordinates:									
Area/Town:				Province	: :				
Site Ownership:	Owned	Yes	No	Leased	Yes	No	Rented	Yes	No

INCIDENT/ACCIDENT DETAILS							
Date:			Tin	ne:			
Commodity Spilt:			UN	Number:			
Approximate Quantity Lost:							
Product Owner:							
If you are not the product owner, please provide full details:							
Where did the spill originate from?	Above- Ground Piping	Above- Ground Pump		Underground Tank		ding and bading	Other
If the spill originated from the Undergrou	Ind Tank and	related inf	frast	ructure, please	e cor	nplete the	e following:
Tank Number:			Tar	nk Capacity:			
Age of Tank:			Age	e of Piping:			
Type of piping:	Mild Steel	Galvanise Steel	ed	HDPE (Single) HD		PE (Double)	
Date of last integrity/pressure test:							
Date of last product reconciliation:							
Type of product reconciliation:	Manual			ATG			
Dispenser info:	Suction			Pressure			
Filler points:	Remote			Direct			

Envirosure Underwriting Managers (Pty) Ltd | Reg.No. 2007/022622/07 | VAT 4590246957 | FSP No. 38594 PO Box 17104, Congella, Kwa-Zulu Natal, 4013 | 580 Umbilo Road, Congella, Durban, 4013

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*non-executive + French

Is the product distribution/forecourt	
area linked to a separator/sump	
system?	

If the spill originated from "Other", pleas	se provide c	letails:									
Onto what surface did the spill occur?	Concrete/ Cement	Epoxy Coated		Pavin G-Blo		Sai Gra	nd/ avel	Tar		Undergro	ound
Were the stormwater drains boomed off	?		Ye	es		I	No		N/A		
Any Contamination (Water, Soil, 3 rd Party):											
Has there been any product detected in	any boreho	les?					Yes		No	,	
Has there been any product detected in	any surface	water so	urc	es?			Yes		No	,	
Has there been any product detected in site?	the ground	water mon	nito	oring	wells	on	Yes		No)	
Soil contamination:							Yes		No)	
Hazcall24 Notified:							Yes		No)	
Any Other Response Company on Site:											
Full Description of Loss:											
Who is the responsible party?											
Did a Third Party cause this loss? Yes No											
If "Yes", please complete the Third-Party Details boxes below:											
THIRD PARTY DETAILS (IF APPLICABLE)											

THIND FANTT DETAILS (IT AFFLICADEL)						
Name and Surname:	ID Number:	Contact Details:	Vehicle Registration:	Make of Vehicle:		

THIRD PARTY PROPERTY DETAILS (IF APPLICABLE)					
Name and Surname of Owner:	Physical Address:	Details of Damage:	On the same as you?	property	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	

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			Yes	Νο	
			Yes	No	
POLICE DETAILS (IF APPLICABLE)					
Police Station:		Officer Name:			
AR Number:		Date Reported:			

IMPORTANT

Insurers share information with each other regarding commercial policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance.

The Underwriters do not admit liability by the issuing of this claims document.

This claim document needs to be completed and returned to Envirosure's claims department within <u>7 Days from</u> issue, as per the terms and conditions of the policy wording.

DECLARATION OF APPLICANT

I hereby declare that all statements made herein are true and correct and that there are no other material facts regarding the incident that should be disclosed. I further agree that if any statement or particulars herein are supplied by any person other than myself, that the person shall be deemed to have been acting as my agent for the purpose of this claim form. I am also not aware of any claims against me other than those mentioned above.

Any untrue or incorrect statements in this claim form may result in the claim being rejected.

I / We hereby declare that all the information given is true and correct.

POPIA CONSENT CLAUSE – please indicate your consent in the tick box provided

I consent to Envirosure Underwriting Managers (Pty) Ltd, and its Insurer, Centriq Insurance Company Limited, operators, processing, and further processing, my personal information in accordance with the Protection of Personal Information Act, for the purposes of concluding, and performing in terms of this insurance contract.

For further information please read the Privacy Notice for both Envirosure and Centriq, which can be found on either website: <u>www.envirosure.co.za</u> and/or <u>www.centriq.co.za</u>

Print Name:	Signature:
Designation:	Date:

Please note that this proposal does not bind the underwriters in any way, unless the inception is confirmed in writing from the underwriters.

Underwritten by Centriq Insurance Company Limited, a licensed non-life insurer. Registration Number: 1998/007558/06 FSP: 3417



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