



## 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
  - 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
  - Copy of latest integrity / pressure testing report
  - 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:
  - Owner's contact numbers
  - Full third-party details
  - Time, date and place of incident
  - Approximate quantity of product lost
  - Full description of how incident / loss occurred
  - Insured signature and date
- Envirosure Claims department will:
  - Appoint all response units
  - Appoint all assessors
  - 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
  - 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 Number:								
Underlying Fire and Explosion Insurer:				Policy Number:								
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:				Time:								
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	Loading and offloading	Other				
If the spill originated from the Underground Tank and related infrastructure, please complete the following:												
Tank Number:				Tank Capacity:								
Age of Tank:				Age of Piping:								
Type of piping:				Mild Steel	Galvanised Steel	HDPE (Single)	HDPE (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						



			Yes	No
			Yes	No

**POLICE DETAILS (IF APPLICABLE)**

<b>Police Station:</b>		<b>Officer Name:</b>	
<b>AR Number:</b>		<b>Date Reported:</b>	

**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 **7 Days from 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: [www.envirosure.co.za](http://www.envirosure.co.za) and/or [www.centriq.co.za](http://www.centriq.co.za)

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**

