

### INITIAL CLAIMS NOTIFICATION FORM

**PLEASE READ THE NOTES & INFORMATION ATTACHED TO THIS NOTIFICATION**

<b>A – Insurance Details</b>			
Insured			
Policy No			
<b>B – Contract Details</b>			
Client			
Name and Contact Number			
Site Address			
Contract Conditions	Please attach a copy of the <b>Contract Conditions</b> in force. If no signed Contract Conditions are in force, please provide copies of any correspondence relevant to the Conditions under which the Contract is performed, including Schedule of Duties and Site Instructions		
<b>C – Details of Incident</b>			
Date & Time			
Third Party Claimant			
S.A.P.S Case No			
S.A.P.S. Station			
Circumstances of Claim			
Estimate of Claim			
Third Party Action	Has the Third Party issued a demand or indicated intention to claim?		Yes    No
Witnesses	1	Name:	Contact:
	2	Name:	Contact:
	3	Name:	Contact:
Investigation Report	Please attach a copy of the Insured's initial <b>investigation Report</b> , together with copies of the <b>Occurrence Book, Security Personnel Statements</b> and their <b>PSIRA Certificates</b> .		

I, the undersigned as an authorized signatory hereto confirm that:-

- (a) I have read and understood the attached notes to this notification
- (b) The above information is, to the best of my knowledge and belief, correct

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

For and on behalf of the Insured: \_\_\_\_\_

Capacity: \_\_\_\_\_

**INITIAL CLAIMS NOTIFICATION FORM**

**NOTES & INFORMATION**

**The purpose of the information contained in this Initial Claims Notification Form is to:-**

- (a) enable Abelard to provide the Insured with efficient services in the processing and settlement, if applicable, of the claim. Delays in the provision of information will delay the progress of the claim and lead to frustrations on the part of all parties involved. In this respect, therefore, the Insured's attention is drawn to the Claims Notification Condition of the Policy and any delay in the provision of information may result in breach of Policy Conditions.
- (b) provide the Insurers with sufficient information to enable them to make an informed decision as to whether an Assessor or Attorney, or both, should be appointed to investigate/defend any claim made, or which may be anticipated from the Third Party. If the Excess applicable to the circumstances leading to the claim is deemed to be "Costs Inclusive", the costs of such Assessor and/or Attorney will be payable by the Insured in terms of the Excess.

**It is imperative, therefore, that:-**

- 1. The Notification Form is completed in full and all required information, eg Contract Conditions, PSIRA Registration Certificates, etc, be submitted to Abelard as soon as possible.
- 2. All information and documentation requested by Insurers during the progress of the claim, until finalization, be provided as soon as practicable following requests therefore.

**Where the applicable Excess is deemed to be "Costs Inclusive", and Insurers have incurred any expense, which forms the subject of the Excess, Insurers will require immediate reimbursement of such expenditure. Failure by the Insured to honour its obligations in terms of a "Costs Inclusive" Excess, may result in the following:-**

- (a) the cancellation, subject to the Cancellation Condition, of any current insurance Policy in force with Abelard. The Insured will be required, in terms of normal practice of Insurers, to disclose such cancellation to all other Insurers with whom it effects any insurance cover
- (b) the institution by Insurers of all legal steps necessary to recover such expenditure from the Insured, including the costs of such litigation
- (c) the listing of the outstanding debt with the ITC, until the outstanding debt has been liquidated.

**We consider the insurance to be a partnership between Insurers and the Insured and would request the full co-operation of the Insured in assisting us to bring any claim to satisfactory and early finalization.**

[            ]

**Initial & Date**