

SAUDI ARABIAN OIL COMPANY (Saudi Aramco)

GENERAL INSTRUCTION MANUAL

GI NUMBER Approved

155.002

ISSUING ORG. PERSONNEL DEPARTMENT

ISSUE DATE

03/01/2011

REPLACES

02/05/2005

SUBJECT INVESTIGATION AND REPORTING OF THIRD PARTY CLAIMS

APPROVAL

SAD

PAGE NO.

1 OF 3

CONTENT:

This Instruction outlines the procedure for investigation of third party bodily injury claims and reporting them to the Risk Management Division of Treasurer's Staff Department, by completing Saudi Aramco Form 2266 (Third Party Accident Report). The procedure to be followed by Department Heads while making reimbursements or cash advances to drivers to third party liabilities incurred while using Company vehicles is stated in G.I. 211.071 issued by Accounting Policy, Methods & Systems Department. The text of this G.I. includes:

1. Definition
 2. Responsibility for initiating claim
 3. Investigation of claim
 4. Settlement of claim
- Reimbursement to driver in case of Motor Vehicle Accident

1.0 DEFINITION:

A third party injury is an injury to a person not employed by the Company, or to an off-duty Company employee, resulting from Company operations, or the negligent acts or omissions of on-duty Company employees, or sustained under circumstances which may give rise to a claim against the Company.

2.0 RESPONSIBILITY FOR INITIATING CLAIM:

- 2.1 Employee/Dependents: If an off-duty employee, or a dependent, is injured as a result of Company Operations, or the negligent acts or omissions of on-duty Company employee(s), the employee or sponsor of the dependent shall be responsible for initiating a third party claim by taking following action:

*2.1.1 The injured employee or dependent should report to the nearest Saudi Aramco clinic for treatment of the injury as soon as possible after the accident. At that time, the clinic shall create the electronic Injury or Occupational Illness form (SA-3208)

*2.1.2 Within 3 days after the incident the employee or sponsor of the injured dependent will complete Part A of Form 2266 (Third Party Accident Report) and forward it to the Area Administrator of HR Services Center Division.

- 2.2 All Other:

If a person other than defined in Paragraph 2.1 sustains a Third Party injury as defined in Paragraph 1 above, he/she shall be responsible for submitting his/her claim directly to the Administrator, Risk Management Division.

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PAGE NO.

2 OF 3

3.0 INVESTIGATION OF THIRD PARTY INJURY CLAIM BY EMPLOYEE/DEPENDENT (OTHER THAN MOTOR VEHICLE ACCIDENT)

*Upon receipt of the electronic Injury or Occupational Illness form (SA-3208) and/or Form 2266 indicating a third party injury claim the Area Administrator of HR Services Center Division (HRSCD) shall arrange to:

- 3.1 Investigate the circumstances of the accident and obtain written statements from the injured person and eye-witnesses, if any.
- 3.2 Upon determination that the incident is not job related, refer the claim to the Administrator, Risk Management Division.
- 3.3 Complete Part C of Form 2266 (or initiate Form 2266 when required) and distribute it as follows within two weeks from the date the injury is reported to HRSCD/Workmen's Compensation Office or from the date of receipt of Form 2266:
 - Original - Risk Management Division
 - One Copy - HRSCD/Workmen's Compensation Office
 - One Copy - Loss Prevention Dept
 - One Copy - Employee's Dept. Head
- 3.4 Arrange for medical evaluation of the injury through the Company's Medical Organization, if an evaluation is requested by Risk Management Division to settle the claim.

4.0 SETTLEMENT OF CLAIM:

Upon receipt of a third party injury claim from HRSCD/ Workmen's Compensation Office or directly from any other person pursuant to Paragraph 2.2 above, the Administrator, Risk Management Division shall take the following action:

- 4.1 Review the claims and assess the Company liability, if any, consulting with the Law Department, when necessary.
- 4.2 If required, initiate further investigation, and request HRSCD/Workmen's Compensation Office to arrange for Medical evaluation of the injured person.
- 4.3 Ensure that there are not multiple claims from the third party for injury or death arising out of the same accident, and that there are not multiple payments of same. At a minimum, the Law Department shall be asked to review the facts as they are then known to exist and provide an assessment as to whether there is a substantial likelihood that additional, unasserted claims will be made as a result of the same accident. The Law Department also will confirm whether or not any litigation has been initiated with respect to the accident giving rise to the claim.
- 4.4 If Company liability is established, negotiate a settlement with the claimant. A settlement agreement, prepared or reviewed by the Law Department, shall be executed by the claimant and the Company prior to payment of the claim.

* CHANGE

** ADDITION

NEW INSTRUCTION ☐COMPLETE REVISION ☐

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PAGE NO.

3 OF 3

- *4.5 Inform the Area Administrator of HR Services Center Division of the settlement of the claim when it pertains to Company employee or dependent.

5.0 REIMBURSEMENT TO DRIVER IN CASE OF MOTOR VEHICLE ACCIDENTS:

When a third party files a claim for Compensation for physical injury caused by a Company vehicle driven by Company employee or other authorized driver, the following action shall be taken.

5.1 Department Head shall

5.1.1 Investigate the circumstances of the accident and document his findings.

5.1.2 Ensure that there are not multiple claims from the third party for injury or death arising out of the same accident, and that there are not multiple payments of same. At a minimum, the Law Department shall be asked to review the facts as they are then known to exist and provide an assessment as to whether there is a substantial likelihood that additional, unasserted claims will be made as a result of the same accident. The Law Department also will confirm whether or not any litigation has been initiated with respect to the accident giving rise to the claim.

5.1.3 Initiate Saudi Aramco Form 60 (Payment Authorization) and approve payment as per the guidelines stated in G.I. 211.071.

*5.1.4 Complete Part B (Department Head's Report) of Saudi Aramco Form 2266, and forward this form along with approved Payment Authorization form and other relevant documents, to Area Administrator of HR Services Center Division for his concurrence and necessary action.

*5.2 Area Administrator of HR Services Center Division shall

*5.2.1 Review the claim documents and ensures injury/ incident log is updated through EH&S SAP System

5.2.2 Concur with the Payment Authorization and forward it to the General Payables Accounting Unit of Materials Services and Payables Accounting Dept. along with all required attachments, within three working days from the date of its receipt from the Department Head.

5.2.3 Complete Part C of Form 2266 and distribute the same as follows:

Original	-	General Payables Accounting Division
One Copy	-	HRSCD/Workmen's Compensation Office
One Copy	-	Risk Management Division
One Copy	-	Employee's Department Head

Approved:

SULAIMAN A. AL-DOUHI, Director
Personnel Department

* CHANGE

** ADDITION

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