A C and E Engineering Underwriting Managers (Pty) Ltd

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: www.engineeringace.co.za

# Liability - Underground Facilities Claim Form (CAR & PAR Policies)

To enable us to resolve your claim within the shortest possible time please ensure that this form is completed in detail

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|---|---|
| **AC&E Policy Number:** | |
| **Broker Name:** | |

## 1. Details of Insured:

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|---|---|---|---|---|
| Insured Name: | | | | |
| Business address: | | | | |
| VAT Vendor: | Yes | No | VAT Reg No.: | |
| Insured Contact Person: | | | Cell No.: | |
| Telephone No.: | | | Email address: | |

## 2. Policy Information:

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| Select the relevant Policy Type: | **Contractors All Risk Policy** (Please complete section **3** below) | | **Plant All Risk Policy** (Please complete section **4** below) | |

## 3. Details of the Contract / Works: (Please complete for a Contractors All Risk Policy)

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| Description of the Work: |
| Type of Contract, *i.e.* JBCC, GCC, FIDIC, NEC: |
| Contract Value: |
| Construction Period: |
| Commencement Date: |
| Completion Date: |
| If not yet completed, please advise the anticipated date of completion: |
| Party contractually responsible for Liability insurance: |
| Is the insured the Employer/Principal; or Main Contractor; or Subcontractor? |

***Please ensure that the relevant extracts from the contract document is supplied to verify the above requested; or the insured's quotation for the works.**

## 4. Details of Plant & Operator: (Please complete for a Plant All Risk Policy)

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| Item No. on Policy Schedule | |
| Make and Model of Machine: | |
| Vin/Serial/Engine No. | |
| Was the unit hired-in OR out: | |
| Details of the party hired-in from or hired out to: | |
| Does any other party have an interest in the insured property, e.g. credit agreement **(Please submit a copy thereof)**: | |
| If yes, please supply full details of the party: | |
| Name and Surname of Operator: **(Please submit a copy of the Operator's Certificate)** | |
| Is the Operator employed by the Insured or the Hirer or a Third Party: | |

## 5. Details of Loss/Damage:

**5.1** Date and time of loss/damage: _____

**5.2** Date and time the Insured first became aware of the incident and/or potential claim (if different than date of incident):

_____

**5.3** If the claim is reported after 14 days of the date of loss, please provide reasons for the late notification of the claim:

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**5.4** Place/location (GPS coordinates / Street address) where loss / damage occurred:

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**5.5.a)** In whose employ is the person who caused the damage? _____

**b)** Under whose instruction and control was he/she 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? _____

**e)** Were excavations done by hand; or by mechanical means? Please specify. _____

**5.6** Describe fully & clearly, how the damage occurred (Please use a separate page if necessary):

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**5.7. a)** Were you aware of the underground facilities in the area: _____

**b)** Did you know the exact position: _____

**5.8.a)** Did you obtain wayleaves before commencing excavations? _____

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

**c)** Confirm the date a representative came out to site to point out the location of the existing services before the insured commenced with their works? _____

**d)** If wayleaves were not obtained, were you in possession of other plans and/or drawings on which the underground facilities are shown: _____

**e)** Who supplied these plans and/or drawings: _____

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

_____

_____

**5.10. a)** Do you accept that you damaged the underground facility? _____

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

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

_____

**5.12** Was the incident report to any other Insurers? (Please submit the name of the Insurer and their claim number)

_____

## 6. Details of Third Party:

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|---|---|
| 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: _____

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## UNDERGROUND FACILITIES LIABILITY CLAIMS PROCEDURE FOR CAR & PAR POLICIES: *

1. Claims should immediately be reported to Insurers or **within 14 days of the loss occurring by the latest**, with a completed claim form providing the nature and the extent of the loss or damage.

2. Please ensure that the completed AC&E Liability Claim Form includes the following information to enable us to register the claim:

   a. An identifiable date of loss;
   b. Identify the relevant policy type and complete the applicable section(s);
   c. Detailed description of how the loss and/or damage occurred, including photos evidencing the damage; and
   d. A copy of the Letter of Demand or other correspondence from the claimant (third party);
   e. Full name and contact details of the claimant (third party);
   f. The claim form must be signed by the Insured's duly authorized representative.

3. Our claim number and list of requirements shall be issued upon receipt of the duly completed claim form.

4. The following information may be requested in respect of a claim for damage to Underground Facilities (such as, an underground power or fibre cable; or water pipe, etc.), but shall not be limited thereto:

   a. Wayleaves from service providers who have registered servitudes on the site and / or Engineer's Drawings indicating the position of existing underground services; and
   b. The Insured needs to indicate the exact measures taken to establish the position of existing underground services before commencing with their Works.

5. Due to the specialized nature of liability claims, the appointment of an assessor shall be in the discretion of the Insurers (generally only if the claim cost is more than R100,000.00). If an assessor is not appointed at registration of the claim, we reserve the right to appoint an assessor at a later stage, should we find it necessary.

6. It is best practice for an Insured to obtain and/or compile an Incident and/or Occupational Health and Safety Report, if applicable, confirming the circumstances and events of the loss or damage, including obtaining affidavits from employees and/or any witnesses to an event, where applicable.

7. **NB! Kindly take note that the onus of proof rests upon the Third Party to prove their claim. The Insured should under no circumstances accept liability and/or offer to make repairs and/or offer to make payment of any kind to the third party as this may prejudice Insurers' rights, which could result in the policy not responding.**

8. In accordance with the CAR/PAR policy wording the Insured shall:

   a. Take all steps within their power to minimize the extent of the loss or damage;
   b. Preserve the parts affected and make them available for inspection by a representative or surveyor of the Insurers;
   c. Furnish all such information and documentary evidence as the Insurers may require.

9. The claim turnaround time can only be minimized if all the necessary information is provided promptly.

10. Insurer's rights remain strictly reserved should the Insured's failure to provide requested information timeously prejudice the claim assessment.

11. The Insured will be required to pay over the policy deductible to the Insurer if a Summons is issued and/or if Insurers elect to settle the claim.

12. **NB! Should a matter become litigious due to the Insured's late notification of a claim and/or due to the Insured's failure to provide documentation timeously and/or due to any negligence on the part of their broker and/or due to any other act or omission by the Insured and/or their broker which prevent Insurers to timeously determine Policy response, Insurers shall not be held liable for any legal costs and will not be able to defend the Insured in a matter of Court.**

*Please take note that the above claims procedure information shall not negate and/or replace the applicable Policy Terms and Conditions and indemnity under the Policy is subject to the relevant Policy Terms and Conditions.

## 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.

**POPIA Notice: The information requested and provided will be solely used in order to finalise the claim**

| | | | |
|---|---|---|---|
| **Full Name in Print:** | | **Capacity:** | |
| **Signature:** | | **Date:** | |