

Spillage Clean-Up Claim Form



DETAILS OF THE BROKER

Brokerage: _____ Telephone: _____
Contact Name: _____ Cellphone: _____
Agency Code: _____ Email: _____

DETAILS OF THE INSURED

Company Name / Insured: _____ Policy Number: _____
Insured Telephone Number: _____ Insured Cellphone Number: _____
Physical Business Address: _____
Postal Code: _____

VEHICLE DETAILS

Registration Number: _____ Chassis / VIN Number: _____

DRIVER DETAILS

Name and Surname: _____
ID or Passport Number: _____ Nationality: _____
Driver's Licence Number: _____ Code: _____ Expiry Date: _____

INCIDENT/ACCIDENT DETAILS

Date of loss / damage: _____ Time: _____ am pm
Place: _____ Area: _____
Type of loss: Side Tank Load
Commodity carried: (If applicable) _____
Hazcall24 notified: Yes No
Any other response company on site? _____
Brief description of loss: _____

Underwritten by:



Old Mutual Insure Limited is a licensed FSP and Non-Life Insurer.

DECLARATION

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.

Name: _____ Designation: _____

Signature: _____ Date: _____