

## PUBLIC LIABILITY REPORT FORM -Telkom

POLICY NO: \_\_\_\_\_ CLAIM NO. \_\_\_\_\_

This form must be submitted whenever damage to underground services occurs. It must be completed and returned to the Company IMMEDIATELY after the event whether a claim has been made on the Insured or not.

1. Name of the Insured in Full: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

2. Date and time of accident. \_\_\_\_\_

3. When, and by whom, was the accident reported to you? \_\_\_\_\_

4. Where did it happen? \_\_\_\_\_

5. (a) In whose employ is the person who caused the damage? \_\_\_\_\_

(b) Under whose instruction and control was he 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? \_\_\_\_\_

6. Describe fully & clearly, how the accident occurred. (Please use a separate page if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Questions 7(a) to 7(f) relate to the Contract on which the Insured was working at the time of the accident:

(a) Contract Value (including free-issue materials) \_\_\_\_\_ (b) \_\_\_\_\_

What the contract entailed \_\_\_\_\_

(c) Contract period date of (i) commencement of work \_\_\_\_\_

(ii) Date of completion of work. \_\_\_\_\_

(If not yet completed, give anticipated date of completion)

(d) Names of contracting parties \_\_\_\_\_

(e) Are you the main contractor or a sub-contractor? \_\_\_\_\_

\* (f) In terms on the Contract, who is responsible for arranging Insurance over the Works \_\_\_\_\_

\*Please submit the relevant extract from the Contract Document relating to the obligation to insure.

### MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD

MIRABILIS IS AN AUTHORIZED FINANCIAL SERVICES PROVIDER: 28190

PHYSICAL ADDRESS:  
L NO:  
REGISTRATION NO:

1ST FLOOR, CRADOCK PLACE, 5 CRADOCK AVENUE, ROSEBANK, 2196  
0861 100 100 or +27 11 880 8200  
2006/018854/07

POSTAL ADDRESS:  
FAX NO:  
VAT NO:

PO BOX 2081, SAXONWOLD, 2132  
+27 11 880 6857  
4130230354

DIRECTORS: RJ MYERS (CHIEF EXECUTIVE), SA GRAHAM (DIRECTOR), QM MATTHEW (NON-EXECUTIVE), JDV MELVILLE (NON-EXECUTIVE), HD NEL (NON-EXECUTIVE)



8. (a) Were you aware of Telkom services in the area? \_\_\_\_\_
- (b) Did you know the exact position? \_\_\_\_\_
9. (a) Did you obtain wayleaves from Telkom before commencing excavations? \_\_\_\_\_
- (b) If so, were the positions of the cables correctly shown on the wayleaves? \_\_\_\_\_
- (c) If wayleaves were not obtained, were you in possession of other plans and/or drawings on which underground Services are shown? \_\_\_\_\_
- (d) Who supplied these plans and/or drawings? \_\_\_\_\_

10. What precautions were taken prior to excavation to establish the position of the Telkom Services?

---

11. Do you accept that you damaged the service?

---

12. Do you believe anyone else should be held accountable e.g. other contractors working in the area?

---

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 Mirabilis Engineering Underwriters (Pty) Ltd 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.

Insured Signature \_\_\_\_\_ Capacity \_\_\_\_\_ Date \_\_\_\_\_

#### MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD

MIRABILIS IS AN AUTHORIZED FINANCIAL SERVICES PROVIDER: 28190

PHYSICAL ADDRESS: L NO: REGISTRATION NO:	1 <sup>ST</sup> FLOOR, CRADOCK PLACE, 5 CRADOCK AVENUE, ROSEBANK, 2196 0861 100 100 or +27 11 880 8200 2006/018854/07	POSTAL ADDRESS: FAX NO: VAT NO:	PO BOX 2081, SAXONWOLD, 2132 +27 11 880 6857 4130230354
--	---	---------------------------------------	---

DIRECTORS: RJ MYERS (CHIEF EXECUTIVE), SA GRAHAM (DIRECTOR), QM MATTHEW (NON-EXECUTIVE), JDV MELVILLE (NON-EXECUTIVE), HD NEL (NON-EXECUTIVE)