

PUBLIC LIABILITY CLAIM FORM

Policyholder Detail

Insurer							
Insured				Policy Number			
Telephone	Home		Work		Cell		



Broker Details

Broker Name						
Contact	Tel		Fax		Email	

Details of Loss / Damage

Date of Loss		Time of Loss: Please indicate AM/PM	
Description of Loss			
Estimated Amount of Loss			R



Incident

Place where incident occurred	
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Witness Details

Name and Surname						
Address						
Telephone	Home		Work		Cell	



Police

If reported to police, state which station	
Police Officer Details	
Reference Number	



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Details of Property Damage



Name of owner			
Address of owner			
Description of loss or damage			

Details of Personal Injuries



Name and Surname						
Address						
Telephone	Home		Work		Cell	
Age of Injured			Details of Injuries			

Relationship Details



If any person named above is in your service, or related to you, give full details						
Name and Surname						
Address						
Telephone	Home		Work		Cell	

Claim



If a claim has been, or is being made against you, give details and attach any correspondence						
Name and Surname						
Address						
Telephone	Home		Work		Cell	
Description of incident	Describe exactly how the incident occurred					



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Declaration

I / We hereby declare the forgoing particulars to be true and accurate in every respect.

Dated _____ / _____ / 20_____ .

Signed at _____ on this _____ day of _____ 20_____

Name: _____ Witnessed by: _____

Capacity:

Signature:
