

### 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	

### PUBLIC LIABILITY CLAIM FORM

#### 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					

**PUBLIC LIABILITY CLAIM FORM**


## 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:

\_\_\_\_\_