

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 | |
|-------------------------------|--|

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 | | | | | |

