Public Liability Claim Form

natsure

Policy holder details

Insurer

Insured | Policy number

Tel (home) | Tel (work) | Cell

Broker details

Broker name

Tel (home) | Tel (work) | Cell

Details of loss / damage

Date of loss | Time of loss

Time of loss ○ AM ○ PM

Description of loss

Estimated amount of loss R

Incident

Place where incident occurred

Witness details

Name and surname

Address

Tel (home) | Tel (work) | Cell

Police

If reported to the police, state which station?	
Police officer details	
Reference number	

Details of property damage

Name of owner	
Address of owner	

Description of loss or damage

Details of personal injuries

Name and surname			
Address		Policy number	
Tel (home)	Tel (work)	Cell	
Age of injured			

Details of injuries

Claim

If a claim has been, or is being made against you, give details and describe any correspondence.

Claimant 1

Name and surname	
Address	

Tel (home)	Tel (work)	Cell

Claimant 2

Name and surname	
Address	

Tel (home)	Tel (work)	Cell

Description of incident

Describe exactly how the incident occurred

Declaration

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

Signed at			
Name		Witnessed by	
Capacity			
Signature		Date	