PUBLIC LIABILITY CLAIM FORM

Policy Holder Details

Insurer						
Insured				Policy Number		
Telephone	Home		Work		Cell	

Broker Details

Broker Name						
Telephone	Home		Work		Cell	

Details of Loss/Damage

Date of Loss		Time of Loss (please indicate AM or PM)	
Description of Loss			
Estimated Amount of Loss		R	

Incident

Place Where Incident Occured	

Witness Details

Name and Surname						
Address						
Telephone	Home		Work		Cell	

Police

If Reported to the Police, state which station?	
Police Officer Details	
Reference Number	

PUBLIC LIABILITY CLAIM FORM

Details of Property Damage

Name of Owner	
Adress of Owner	
Description of Loss or Damage	

Details of Personal Injuries

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

Details of Property Damage

If a claim has been, or is being made against you give details and define any correspondence.					
Name and Surname					
Address					
Telephone	Home		Work		Cell	

Claim

If a claim has been, or is being made against you give details and define any correspondence.					
Name and Surname					
Address					
Telephone	Home		Work		Cell	

PUBLIC LIABILITY CLAIM FORM

Description of Incident	Describe Exactly how the Incident Occurred

Declaration

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

Signed at ..... on this ..... day of .....

Name: ..... Witnessed by: .....

Capacity: ..... Signature: .....