



PUBLIC LIABILITY CLAIM FORM

INSURED

Name of Insured		
Physical Address	Postal Address	
Code	Code	
Policy No	Contact Person	
Vat No	Business Ph No	Cell No

DESCRIPTION OF ACCIDENT

When did the Loss occur?	Date / /	Time	am/pm
Place where incident occurred			
State exactly how the incident occurred			

WITNESSES

Name	Name
Address	Address
Code	Code
Phone	Phone

PROPERTY DAMAGE (If applicable)

Name of Owner
Address
Code
Description of Damage



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POLICE DETAILS

Police Station

Police Reference No

Date reported

INJURIES CAUSED (If applicable)

Name of injured person

Address

Code

Description of Injuries

Name of injured person

Address

Code

Description of Injuries

RELATIONSHIP

If person/s named above are in your service, or your tenants, or related to you, give details

CLAIM

If claim made against you, give details and attach correspondence

INSURED DECLARATION AND SIGNATURE

I / We warrant the truth of the answers to the above questions and I / We declare that no information has been withheld and / or that any misrepresentation has been made and that the amount claimed represents my / our loss arising from the above stated occurrence.

Signature of Insured

Date / /