

**PUBLIC LIABILITY CLAIM FORM**

**THE INSURED**

NAME OF THE INSURED		Insurer	
Policy Number		Occupation	
Identity number		Cpy registration number	
Physical Address		Contact Numbers	Cell
			Land
			E=Mail

**DETAILS OF ACCIDENT**

Date		Time (eg. 15h30)	
Place of accident			
Explain fully how the accident occurred (if possible attach sketch plan.)			

The issue of this form is not an admission of liability and the insured's attention is drawn to the policy conditions which stipulate that no admission, offer, promise of payment or negotiation shall be made without the written consent of the company.

### THE CLAIMANT

Name		Age	
Occupation/Businesss			
Address		Contact numbers	Cell
			Land
			e-mail

### INJURIES OR DAMAGE

Please supply full details of injuries or damage			
Has any claim been lodged against you	Yes / No	If so, for what amount	
Has the claimant made any offer or suggestion to settle the claim?			
Please supply names and addresses of all witnesses (If none were taken, please state reasons			
Name and address		Contact numbers	Cell
			Land
			e-mail
Name and address		Contact numbers	Cell
			Land
			e-mail

Continued .....

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INJURIES OR DAMAGE (cont.)		
Is the accident reported to the policy, if so state Police station and case number	Police station	
	Case number	
Has any other accident occurred at the same place under similar circumstances		
Was the accident due to lack of ordinary care on the part of the claimant?		

I/We declare the foregoing particulars to be true in every respect and that I/We have not withheld from the Insurer any information within my knowledge connected with the loss.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Note Please submit quotations for replacement/repair of the items claimed.