



# 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

# PUBLIC LIABILITY CLAIM FORM

## 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     /     /