

PUBLIC LIABILITY INCIDENT REPORT

INSURED DETAILS

Broker Name:	Insurer:	
Insured Name:	Policy Number:	
Insured Occupation:	Insured Address:	
Insured Contact No:		
Email Address:	Suburb:	Postal Code:

INCIDENT DETAILS

WHEN & WHERE	Date and time of incident:		Date when claim was made against you:
	Address where incident occurred:		
WITNESSES	Name:	Contact No:	Address:
	1.		
	2.		
	3.		
PROPERTY LOSS / DAMAGE	Name of Owner:		Address of Owner:
	Contact No:	Please provide details of loss/damage below:	
PERSONAL INJURIES	Name:	Age:	Address:
	Details of Injuries:		
	Name:	Age:	Address:
RELATIONSHIP	Details of Injuries:		
	Your relationship with the above persons? Family <input type="checkbox"/> Employee <input type="checkbox"/> Tenant <input type="checkbox"/> Please provide full details below:		

DETAILS OF CLAIMS MADE AGAINST YOU

PUBLIC LIABILITY CLAIMS	Has a claim been made against you? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, please provide full details below:

DETAILED DESCRIPTION OF INCIDENT (Describe exactly how the incident occurred)

VERY IMPORTANT - The following should accompany this claim form:

Please attach hereto any and all correspondence related to the above claim including but not limited to invoices, job cards and correspondence between the insured and the third party.

DECLARATION

I/We hereby declare that the above statements and particulars contained in this Proposal are true and complete at the present time. Otherwise than as stated, I/We have no reason to anticipate any claim under the insurance now being requested.

I/We undertake to inform the company of any material alteration to these facts, whether occurring before or after completion of the contract of insurance

Signed at: _____ on ____/____/20____ by _____

Signature: _____

PLEASE NOTE: If this proposal is being completed for the renewal of an existing policy, please remember that cover lapses automatically at midnight on the last day of your expiring policy, unless a written extension of no longer than 10 days is requested and has been granted from underwriters, or renewal terms have been accepted.

CONTACT INFORMATION

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