



## **PUBLIC LIABILITY CLAIM FORM**

Policy Number:				Claim Number:						
Policy Holder Details	Insurer:			L						
	Insured:									
	Contact Number:-	Home:		Work:		Cell:				
ails	Broker Name:									
Broker Details	Contact Number:-	Home:		Work:		Cell:				
Date of Loss:				Time of Loss:	Time of Loss:					
	Description of Loss:									
e.										
Jamag										
0ss / [										
Details of Loss / Damage										
Deta										
	Estimated Amount of Loss:									
					Estimated Amou	nt of Loss:				
ident	Place where the in	ncident			Estimated Amou	nt of Loss:				
Incident	Place where the in	ncident			Estimated Amou	nt of Loss:				
		ncident			Estimated Amou	nt of Loss:				
	occurred:	ncident			Estimated Amou	nt of Loss:				
	occurred:  Name:  Address:  Contact	ncident  Home:		Work:	Estimated Amou	Cell:				
Witness Details Incident	occurred:  Name: Address:			Work:	Estimated Amou					
Witness Details	occurred:  Name:  Address:  Contact	Home:	which station:	Work:	Estimated Amou					
	occurred:  Name:  Address:  Contact  Number:-	Home: police, State	which station:	Work:	Estimated Amou					
Witness Details	occurred:  Name: Address: Contact Number:- If reported to the	Home: police, State	which station:	Work:	Estimated Amou					
Witness Details	occurred:  Name:  Address:  Contact  Number:-  If reported to the  Reference Number	Home: police, State	which station:	Work:	Estimated Amou					
Police Witness Details	occurred:  Name:  Address:  Contact  Number:-  If reported to the  Reference Number	Home: police, State	which station:	Work:	Estimated Amou					
Police Witness Details	occurred:  Name:  Address:  Contact  Number:-  If reported to the  Reference Number  Name of  Owner:  Address of  Owner	Home: police, State	which station:	Work:	Estimated Amou					
Police Witness Details	occurred:  Name:  Address:  Contact  Number:-  If reported to the  Reference Number  Name of  Owner:  Address of  Owner  Description of Los	Home: police, State	which station:	Work:	Estimated Amou					
Police Witness Details	occurred:  Name:  Address:  Contact  Number:-  If reported to the  Reference Number  Name of  Owner:  Address of  Owner	Home: police, State	which station:	Work:	Estimated Amou					
Police Witness Details	occurred:  Name:  Address:  Contact  Number:-  If reported to the  Reference Number  Name of  Owner:  Address of  Owner  Description of Los	Home: police, State	which station:	Work:	Estimated Amou					
Witness Details	occurred:  Name:  Address:  Contact  Number:-  If reported to the  Reference Number  Name of  Owner:  Address of  Owner  Description of Los	Home: police, State	which station:	Work:	Estimated Amou					
Police Witness Details	occurred:  Name:  Address:  Contact  Number:-  If reported to the  Reference Number  Name of  Owner:  Address of  Owner  Description of Los	Home: police, State	which station:	Work:	Estimated Amou					





## **PUBLIC LIABILITY CLAIM FORM**

	Name:											
Details of Personal injuries	Address:											
	Contact Number:-	Home:		Work:		Cell:						
	Age of Injured:			Details of Injury:								
Deta	·											
Relationship Details	If any person named above is in your service, or your tenant, or related to you, give full details:											
	Name:											
	Address:											
	Contact Number:-	Home:		Work:		Cell:						
Claim	If a claim has been, or is being made against you, give details and attach any correspondence:											
	Name:	., v. is semigrimed against 700, give details and detach any correspondence.										
	Address:											
	Contact Number:-	Home:		Work:		Cell:						
	I / We hereby declare the foregoing particulars to be true in every respect.											
Declaration	Signature of driver Date  Signature of Insured Capacity Date											
N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY SHOULD YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND												