

PUBLIC LIABILITY CLAIM FORM

Policy Number:				Claim Number:			
Policy Holder Details	Insurer:						
	Insured:						
	Contact Number:-	Home:		Work:		Cell:	
Broker Details	Broker Name:						
	Contact Number:-	Home:		Work:		Cell:	
Date of Loss:				Time of Loss:			
Details of Loss / Damage	Description of Loss:						
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							Estimated Amount of Loss:
Incident	Place where the incident occurred:						
Witness Details	Name:						
	Address:						
	Contact Number:-	Home:		Work:		Cell:	
Police	If reported to the police, State which station:						
	Reference Number:						
Details of Property Damage	Name of Owner:						
	Address of Owner:						
	Description of Loss or Damage:						
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PUBLIC LIABILITY CLAIM FORM

Details of Personal Injuries	Name:					
	Address:					
	Contact Number:-	Home:		Work:		Cell:
	Age of Injured:			Details of Injury:		

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:					
	Address:					
	Contact Number:-	Home:		Work:		Cell:

Declaration	I / We hereby declare the foregoing particulars to be true in every respect.					
	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