



PUBLIC LIABILITY REPORT/ CLAIM FORM:

Insurance company:			
INSURED			
Policy Number:			
Company Name:			
Name and Surname:		Initials:	
ID Number:			
Address			
		Code:	
Contact Numbers:	Business:		Cell:
	Home:		
ACCIDENT			
Date:			
Time:			
Place of Accident:			
Police Station:			
Police Ref No.:			
Date Reported:			
State how accident occurred (if possible, attach a sketch plan)			
CLAIMANT/ THIRD PARTY DETAILS			
Name:			
Physical Address:			
Contact Details:	Business:		Cell:
	Home:		
Occupation:			
Date of Birth:			
ID Number:			
Relationship to Insured:			

INJURIES OR DAMAGE		
Full details of personal injuries or damage (incl. Names, addresses and telephone numbers)		
Has any claim been lodged against you?		
If yes, state amount:		
Has the claimant made any offer or suggestion to settle the claim? If yes, give details:		
Witness:	Name:	
	Address:	
Telephone No:		
Witness:	Name:	
	Address:	
Telephone No:		
To your knowledge, has any other accident occurred at the same place under similar circumstances? If yes, give details:		
Was the accident attributable to lack of ordinary caution on the part of the claimant? If yes, in what respect?		
Details of previous claims:		
	Name of Insurer:	
Telephone No:		Policy No:
DECLARATION		
I/We hereby declare the foregoing particulars to be true in every respect.		
Signature of Insured: _____		
Date: _____		