



Public Liability Report / Claim Form

Claim number (Office use only)

Insured

Policy number

Company Name / Surname and Initials

ID Number

Address and code

Postal address

Business contact number

Home contact number

Accident

Date

Time

Place where accident occurred

Police station

Police reference number

Date reported

State how accident occurred (if possible, attach a sketch plan)

Claimant/third party details

Name

Physical address

Business contact number

Home contact number

Occupation

Date of Birth

ID Number

Relationship to the Insured

Injuries or Damage

Full details of personal injuries or damage (incl. names, addresses and telephone numbers)

Name

Address and contact number

Injury/Damage

Has any claim been lodged against you? Yes No If yes, state amount R

Has the claimant made any offer or suggestion to settle the claim? Yes No If yes, give details

Witness Name

Contact number

Address

Witness Name

Contact number

Address

To your knowledge, has any other accident occurred at the same place under similar circumstances? Yes No

If yes, give details

Was the accident attributable to lack of ordinary caution on the part of the claimant? Yes No

If yes, in what respect?

Details of previous claims

Name of Insurer

Policy number

Contact number

Declaration

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

Date

Capacity

Signature of Insured
