



## Claim Form - Public Liability Report

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Claim number (Office use only)

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### Insured

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Policy number

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Company Name / Surname and Initials

ID Number

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Address and code

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Postal address

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Business contact number

Home contact number

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### Accident

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Date

Time

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Place where accident occurred

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Police station

Police reference number

Date reported

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

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**Claimant/third party details**

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Name

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Physical address

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Business contact number

Home contact number

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Occupation

Date of Birth

ID Number

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Relationship to the Insured

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**Injuries or Damage**

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

**Name**

**Address and contact number**

**Injury/Damage**

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

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

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Witness Name

Contact number

Address

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Witness Name

Contact number

Address

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

If yes, give details

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

If yes, in what respect?

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Details of previous claims

Name of Insurer

Policy number

Contact number

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### **POPI Consent and Declaration**

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#### **Consent to processing of personal information**

The personal information provided by the potential policyholder and/or its representatives in terms of this insurance policy application will be used:

- By the underwriting manager, insurer, its employees and service providers for the provision of policy benefits, underwriting and administration of the policy, statistical analyses and the investigation and processing of claims in terms of the policy;
- To confirm risk information, risk management data, information from public sources including but not limited to addresses, and to verify ownership;
- To comply with legal and regulatory requirements as well as industry codes.

We will take all reasonable steps to ensure that all personal information is used, processed and stored in accordance with the relevant legislation, including but not limited to PAIA and POPIA.

I hereby confirm that all of the Personal Information provided above is accurate and is supplied voluntarily. I hereby authorise processing of my Personal Information as set out above and I understand the purposes for which it is required.

Date

Capacity

Signature of Insured

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