

# INSURANCE UNDERWRITING MANAGERS

"Advanced Insurance Solutions"



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Insurance Underwriting Managers (Pty) Ltd. is an authorised Financial Services Provider. FSP No 21820 Reg No 2004/022210/07 VAT No 4870217959

## Public Liability Claim Form

<b>Name of Insured:</b>		
Address:		
Telephone number:	(W)	(H)
ID number:		
Occupation:		

<b>Details of Accident:</b>		
Date / Time / Place:		
Explain fully how the accident occurred:		

<b>Claimant:</b>		
Name:		
Address:		
Telephone number:	(W)	(H)
Occupation:		

<b>Details of injuries / damage:</b>		
Has any claim been lodged against you?		
If so, for what amount?		
Have you made any offers or suggestions to settle the claim?		
Supply name and address of all witnesses (if none were taken, state reasons)		
Was accident reported to the police, if so state station and reference:		
Has any other accident occurred at the same place under similar circumstances:		
Was the accident due to lack of ordinary care on the part of the claimant:		
If so, in what respect?		

**Sketch Plan:**

**Declaration:**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The issue of this form is **not an admission of liability and the insured's attention is drawn to the policy conditions** which stipulate that no admission, offer, promise of payment or negotiation shall be made without the written consent of the Insurance Company.