



Public Liability Claim Form

Insured details

Policy No:

Full name:

Occupation:

Address:

Contact number: ID number:

Accident details

Date: Time: Place:

Explain fully how the accident occurred:

Claimant:

Name:

Address:

Contact details:

Occupation:

Details of injuries / damage

Has any claim been lodged against you? Yes: No:

If so, for what amount?

Have you made any offers or suggestions to settle the claim? Yes: No:

Witnesses

Full name:

Address:

Contact details:

Full name:

Address:

Contact details:

If no details were taken state reasons:

Was the accident reported to the Police? Yes: No:

Police Station:

Name of officer: Case number:

Has any other incident occurred at the same place under similar circumstances?

Yes: No:

Was the accident due to lack of ordinary care on the part of the claimant?

Yes: No:

If so, in what respect?

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Sketch

Sketch of incident (if necessary use a separate page)

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Declaration

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

Signature

Date

Capacity

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.