PERSONAL/PUBLIC LIABILITY CLAIM FORM

POLICY NUMBER: _____

1. THE INSURED

Name of Insured: _____

Identity number/Company registration number: _____

Occupation or business: _____

Postal address and town: _____

Telephone no. (W): _____ Telephone no. (H): _____

Cellular no.: _____ E-mail address: _____

2. THE CLAIMAINT

Name: _____ Identity number: _____

Address: _____

Occupation or business: _____

Telephone no. (W): _____ Telephone no. (H): _____

Cellular no.: _____ E-mail address: _____

3. DETAILS OF ACCIDENT

Date: _____ Time: _____ Place of accident: _____

Explain in detail how the accident occurred *(If possible, attach sketch plan)*:

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

If yes, at which police station? _____ Police reference number: _____

4. INJURIES OR DAMAGE

Please provide full details of personal injuries or damage: _____

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5. HAS ANY CLAIM BEEN LODGED AGAINST YOU?

Yes ☐ No ☐

If so, for what amount? _____

6. HAS THE CLAIMANT MADE ANY OFFER OR SUGGESTION TO SETTLE THE CLAIM?

Yes ☐ No ☐

7. WITNESSES

If none were taken, state reasons: _____

_____

_____

Name: _____

Address: _____

Cellular no.: _____ E-mail address: _____

Name: _____

Address: _____

Cellular no.: _____ E-mail address: _____

8. HAS ANY OTHER ACCIDENT OCCURRED AT THE SAME PLACE UNDER SIMILAR CIRCUMSTANCES?

Yes ☐ No ☐

9. WAS THE ACCIDENT DUE TO LACK OF ORDINARY CARE ON THE PART OF THE CLAIMANT?

Yes ☐ No ☐

10. DECLARATION

I declare that the above-mentioned information which I have provided is to the best of my knowledge complete, true and correct in regard to the circumstances of this claim. I undertake to provide my assistance to the Company where-ever it may be required. I furthermore declare that, no other insurance exists under which a claim can also be made, and, that I am the sole owner of the property which is the subject of this claim.

Signed at _____ on _____

Signature of the Insured: _____