



Unit 16, First Floor, Block D
Lifestyle Riverfront Office Park
16 Bosbok Road
Randpark Ridge

PO Box 3375
Randburg
2125



Tel: 011 791 6602

Fax: 011 791 6361

Authorized Financial Services Provider Number: 4467

PUBLIC LIABILITY CLAIM FORM			
POLICY NUMBER: JHB _____		CLAIM NUMBER: JHB _____ / _____	
BROKER NAME		CERTIFICATE NUMBER _____	
THE INSURED			
Identity Number			
Address & Postal Code			
Occupation of Business			
Contact Details	Home No:		Email Address:
	Work No:		Fax No:
	Cell No:		
Address at which loss or damage occurred			
When did the loss occur?			
Date:			Time:
Describe in full how the loss or damage occurred			
Have you previously suffered a loss?			
Full description of previous claims			
Claimant			
Injuries / Damage			
Please supply full details of personal injuries or damage:			
Has any claim been lodged against you?			If so, for what amount?
Has the claimant made any offer or suggested to settle the claim?			

The issue of this form is not an admission of Liability

Has the loss been reported to the police?		
SA Police Reference Number		Police Station:
Has any other accident occurred at the same place under the same circumstances?		
Was the accident due to lack of ordinary care on the part of the claimant?		

Please include the following documents for ALL incorrect dispensing of fuel and Products Liability claims:

- 1 Letter from Third Party insurance company confirming that they will not be claiming against their policy or affidavit of non insurance.
- 2 Quotation of the Third Party vehicle damages
- 3 Copy of the registration certificate of the Third Party vehicle, proving ownership
- 4 Statement from insured and employee regarding the incident

I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.

Signed at **on**

Signature of the Insured

