

PUBLIC LIABILITY CLAIM FORM

Broker details

Broker name	Policy number: Jhb
Claim number: Jhb	Certificate number

Insured details

Full name and surname	ID
Licence details	
Company name	Occupation or business
Company registration number	VAT number
Address and code	
Postal and code	
Work tel	Fax
Home tel	Cell
Email	

Loss/damage details

Address at which loss or damage occurred
Date of loss
Describe in full how the loss or damage occurred

Loss/damage details

Have you previously suffered a loss?	Yes	No
Full description of previous claims		
Claimant name	ID	

Injuries / Damage

Please supply full details of personal injuries or damage.		
Has any claim been lodged against you?	Yes	No
If so, for what amount? R		
Has the claimant made any offer or suggested to settle the claim?	Yes	No
Has the loss been reported to the police?	Yes	No
Police station	Case number	
Has any other accident occurred at the same place under the same circumstances?	Yes	No
If yes, was the accident due to lack of ordinary care on the part of the claimant?	Yes	No

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

Declaration

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	Date	
Signature of insured	Date	

The issue of this form is not an admission of Liability.