

PUBLIC LIABILITY CLAIM FORM

Broker

Policy Number

POLICY HOLDER DETAILS

Name of the Insured

Postal Address

Physical Address

Telephone

Cellphone

Email Address

Vat Number

Business Description

DETAILS OF INCIDENT

1 Date Time AM/PM

2 Place where Accident/ loss occurred

3 Give full details of how the accident occurred

OTHER PERSON(S) INVOLVED IN THIS INCIDENT

Was someone injured?

If yes, please provide name and address of injured person(s)

Name

Address

Nature and extent of injury

Amount being claimed: (Please attach relevant documentation if available).

Is the person making the claim against you:

- | | | |
|---|-----|----|
| a) an employee of the insured? | Yes | No |
| b) an employee of a subcontractor? | Yes | No |
| c) a member of the insured's family? | Yes | No |
| d) Ordinarily resident in the insured's home? | Yes | No |

Have you been notified of a claim against you?

- | | | |
|--|-----|----|
| a) verbally? If yes, by whom? | Yes | No |
| b) b) in writing? If yes, please attach the correspondence | Yes | No |

If someone was injured:

What type of safety clothing were they wearing? (e.g. gloves, safety glasses, type of shoes, etc.)

Did anything or anyone contribute to the incident?

If the injury was caused by the use of a motor vehicle:

Was the motor vehicle registered?	Yes	No
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If yes, please provide the name of insurer:

Policy No:

What was the motor vehicle being used for at the time of the event?

Did the incident arise from a product manufactured / supplied by the insured?	Yes	No
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If yes:

a) When was the product manufactured / supplied?

b) Was the product supplied or manufactured as part of a written contract? If yes, please attach details.

c) Did someone else manufacture / supply some or all of the product? If yes, please attach details.

Details of your employee in charge at the time of the incident:

Title	<input type="text"/>	Name	<input type="text"/>
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Postal Address

Physical Address

Give name(s), address(es) and phone number(s) of all witness(es)

Witness 1

Name

Postal address

Physical Address

Telephone	<input type="text"/>	Cellphone Number	<input type="text"/>
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Witness 2

Name

Postal address

Physical Address

Telephone	<input type="text"/>	Cellphone Number	<input type="text"/>
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DECLARATION

I / we declare that to the best of my / our knowledge the above statements are true. I acknowledge that the information set out above is provided freely so that Lords may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that Lords may use this information, my personal information on record and additional information obtained from other sources in order to determine whether to accept or reject my claim and take all necessary steps ancillary thereto to give effect hereto.

I understand that I may be liable for output VAT in terms of VAT Act.

I/We understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution.

I/We confirm that the information given on this form is to the best of my knowledge and belief, true in every respect and that I have declared and not claimed amounts refunded to me or claimed from any other source.

Full name

Signature

Date