

Santova House 88 Mahatma Gandhi Road Durban 4001 P O Box 6148 Durban 4000

TEL: 031 374 7200 FAX: 031 374 7201

FSP License No. 6018

PUBLIC LIABILITY CLAIM FORM				
	Policy Number			
Insured	Name			
	Identity No.			
	Occupation			
	Address / Tel			
	Contact person			
Details of Accident	Date		Time	Date Reported to you.
	Place of Acciden	t		
	Police Station		Date Reported on	Policy Reference No.
	Describe in detail how the accident occured		[[If possible, attach a sketch plan]	
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	Relationship of Claimant to the Insured			
	Name			
Claimant	Identity No.		Occupation	
	-		Оссираноп	
Ü	Address / Tel			
	Full details of personal injuries or damage			
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Injuries or Damage				
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	Has any claim been lodged against you?			If yes, state amount
	Has the claimant made any offer or suggestion to settle the claim?			
	WITNESS DETAILS			
	Name			
	Address			
	Tel Number	T		
	Name			
	Address			
	Tel Number			
	To your knowledge, has any other accident occurred at the same place under similar circumstances?			
	Was the accident attributed to lack of ordinary caution on the part of the claimant?			
	If yes, in what respect?			
n	I / We hereby declare the foregoing particulars to be true in every respect and that no information has been withheld.			
Declaration				
ecla	Cianatura of Inc	urad	Canacity	Data
ا ا	oignature of Ins	uı ea	Capacity	Date