

10. Has any other incident of a similar nature and circumstances occurred before? Yes  No

If yes, give date of occurrence and a brief description. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Has any claim arising out of this incident been made upon you so far Yes  No

If yes, by whom (give the following details about the claimants below (s)

(i) Name \_\_\_\_\_

(ii) Address \_\_\_\_\_

(iii) Telephone \_\_\_\_\_

Nature of claim \_\_\_\_\_

N.B. PLEASE NOTE THAT ANY FURTHER CORRESPONDENCE OR CLAIMS SHOULD NOT BE ACKNOWLEDGED BY YOU BUT FORWARDED TO US FOR ATTENTION.

## Declaration

I/We hereby certify that the above statement is a full and true account to the best of my/our knowledge and undertake to render all assistance in my/our power in dealing with the matter.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Company Stamp



Better. Simple. Life.

# PUBLIC LIABILITY CLAIM FORM

To help us deal with your claim as quickly as possible, PLEASE ANSWER ALL QUESTIONS ON THE CLAIM FORM FULLY AND CLEARLY, and sign and date the form.

### PLEASE NOTE

- All damaged property must be protected from any further deterioration and should not be disposed off until the company or loss adjusters give permission.
- Document all facts regarding any incident and address any hazardous situations immediately.
- In case of food poisoning or injury from consumption of products, save the harmful product, DO NOT destroy.
- If you make a claim that is in any way FRAUDULENT, UNFOUNDED OR EXAGGERATED, or make any FALSE DECLARATION, all benefits under this policy will be forfeited.

IN ADDITION TO THE CLAIM FORM, PLEASE LET US HAVE:

- Any replacement invoices
- Detailed repair quotation

Remember that the more information you provide to us, the easier it will be to process your claim. If the spaces provided for answers are inadequate, please write on and attach a separate sheet of paper.

## Insured's Details

Insured \_\_\_\_\_

Policy Number \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone : (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_ Fax \_\_\_\_\_

Business or Occupation \_\_\_\_\_

### **Third Person(s) Involved**

Insured \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
Telephone : (Office) \_\_\_\_\_ - \_\_\_\_\_ (Cell) \_\_\_\_\_ Fax \_\_\_\_\_  
Business or Occupation \_\_\_\_\_

### **Claim Details**

1. Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_  
When notified of the incident \_\_\_\_\_

2. Give a detailed description of what happened (*please give a rough sketch if possible*)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Was other person other than yourself or employees involved? Yes  No   
If so, please give their names, addresses and telephone numbers.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Property damage**

4. Was there any damage to property? Yes  No   
If so, please give the following details

(i) Property owner  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
Telephone: (Office) \_\_\_\_\_ (Business) \_\_\_\_\_ Fax \_\_\_\_\_  
Business or Occupation \_\_\_\_\_

(ii) A description of damaged property and the extent of the damage  
\_\_\_\_\_  
\_\_\_\_\_

(iii) Is the property protected from any further damage?

### **Injuries**

5. Was anyone injured? Yes  No   
If so, please attach the following details about all the injured person(s):

(i) Name \_\_\_\_\_  
(ii) Date of birth \_\_\_\_\_  
(iii) Description of injuries \_\_\_\_\_  
(iv) Medical facilities attended \_\_\_\_\_

### **Litigation**

6. Is/are the claimant (s) represented by an advocate (s)? Yes  No   
If so, please give the following details about the advocate(s):

(i) Name \_\_\_\_\_  
(ii) Address \_\_\_\_\_  
(iii) Telephone \_\_\_\_\_

### **Other information**

7. Did the police witness the incident or take any evidence or particulars? Yes  No   
If yes, please give the following information:

(i) Police station reported to \_\_\_\_\_ Date \_\_\_\_\_  
(ii) Officer attending \_\_\_\_\_  
(iii) Details of findings if any \_\_\_\_\_

8. Were there any other witnesses? \_\_\_\_ If yes, please attach the following details about all the witnesses.

(i) Name \_\_\_\_\_  
(ii) Address \_\_\_\_\_  
(iii) Telephone \_\_\_\_\_  
(iv) Their statements about the incident \_\_\_\_\_

9. Who in your opinion was responsible for the incident?

(i) Name \_\_\_\_\_  
(ii) Address \_\_\_\_\_  
(iii) Telephone \_\_\_\_\_