



PUBLIC LIABILITY ACCIDENT CLAIM FORM

For queries do not
hesitate to call
John Stapleton on
071 606 0823

INSURED			
POLICY NUMBER:			
NAME:			
OCCUPATION:			
ADDRESS:			
CONTACT NUMBERS:	(w)		(cell)
	(h)		(fax)
E-MAIL:			

DESCRIPTION OF ACCIDENT	
Date & Time of Accident:	
Place where Accident occurred	
State exactly how The Accident occurred	

WITNESSES		
Name	1.	2.
Address		
Telephone No.		

POLICE			
Police Ref. No.		Station	Date reported

PROPERTY DAMAGE	
Name & Address of owner	
Description of Damage	

PERSONAL INJURIES		
Name & Age	1.	2.
Address		
Injury Details		
Give full details of relationship of injured to you, if any		

CLAIM	
If claim is made against you, give details and attach correspondence	

DECLARATION

I/WE HEREBY DECLARE THE FOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT.

Signature of Insured: Capacity: Date: