



Public Liability Claim Form

SPECIAL NOTICE

This insurance policy is based on the statements below, made by the proposer or by his / her broker. Any misrepresentations or non-disclosure may repudiate any liability of a claim made against the insurer. If you are in doubt of any question, please supply further information under the remarks section, otherwise it will be taken that you fully understand all the details on this proposal and have completed and understand all questions asked. The proposer must initial the bottom of all pages on this proposal. This contract will not be valid if any of the pages are not initialled by the insured.

Insurer

Policy No. : _____ Claim No. : _____

Insured

Name : _____

Address : _____

Tel No. (W) : _____ Tel No. (H) : _____ Tel No. (C) : _____

Business or Occupation : _____

Description of Incident

Date and Time : _____

Place where incident occurred : _____

State exactly how the incident occurred (Detailed statement must be attached) :

Witnesses

1. Name : _____

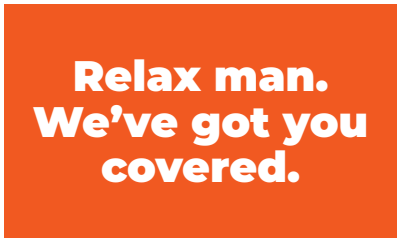
Address : _____

Tel No. : _____

2. Name : _____

Address : _____

Tel No. : _____



First 4 Men Insurance Brokers (PTY LTD) | Company registration number: 2008/020612/07
Authorized Financial Services Provider: FSP No: 39313 | Contact details: 087 114 8000
Address: Unit 8, First Floor, Central Park, 13 Esdoring Street, Highveld Techno Park, 0157

Police

If reported to the police, state which station and reference number :

Property Damage

Name and address of owner / third party :

Description of damage :

Personal Injuries

Name, Address and age of injured person / third party :

1.

Name : _____

Address : _____

Age : _____

Details of Injuries : _____

2.

Name : _____

Address : _____

Age : _____

Details of Injuries : _____

Relationship

Give full details of third party :

**Relax man.
We've got you
covered.**

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Claim

If claim made against you, give details and attach any correspondence, including approach and quotes :

Declaration

I / We declare that to the best of our / my knowledge the above statements are truly made.

Signature :

Capacity : _____

Date : _____

