

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.:		
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 (De	tailed statement muist be attached):	
Witnesses		
1.	2.	
Name:	Name:	
Address:	Address:	
Tel No •	Tel No •	

Relax man. We've got you covered.

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	d party:	
1.	2.	
Name :		
Age:	Age:	
Details of Injuries :	Details of Injuries :	
Relationship		
Give full details of third party :		

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Claim				
If claim made against you, give details and attach any correspondence, including approach and quotes:				
Declaratio	on			
I / We declare that to the best of our / my knowledge the above statements are truly made.				
Signature:	Сарас	ity:		
	Date:			