

# **PUBLIC LIABILITY CLAIM FORM**

### **POLICYHOLDER DETAILS**

Insurer	Mutual and Federal Risk Financing Limited.		
Insured		Policy Number	
Cell		Tel Number	

### **BROKER DETAILS**

Broker Name	E-mail	
Cell	Tel Number	

## **DETAILS OF LOSS /DAMAGE**

Date of Loss	Time of Loss:
Description of Loss	
Estimated Amount of Loss	If reported to police, state which station
	Ref no

## **DETAILS OF LOSS /DAMAGE**

Place where incident occurred	

## **WITNESS DETAILS**

Name	Work Number
Cell Number	Tel Number
Address	

## **POLICE**

Name of Officer	who recorded details of accident		Date of report	
Police Station		Police Ref no		

### **DETAILS OF PROPERTY DAMAGE**

Name of owner	
Address	
Description of loss or damage	

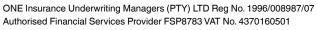
ONE Insurance Underwriting Managers (PTY) LTD Reg No. 1996/008987/07 Authorised Financial Services Provider FSP8783 VAT No. 4370160501





	Work Number  Tel Number  Details of injuries  r related to you, give full details  Vork Number  el Number
Address  Age of injured  RELATIONSHIP DETAILS If any person named above is in your service, or your tenant, or  Name  Cell Number  Te	Details of injuries  r related to you, give full details  Vork Number
Age of injured  RELATIONSHIP DETAILS  If any person named above is in your service, or your tenant, or  Name  Cell Number  Te	r related to you, give full details Vork Number
RELATIONSHIP DETAILS  If any person named above is in your service, or your tenant, or  Name  Cell Number  Tell	r related to you, give full details Vork Number
Name  Cell Number  Tell any person named above is in your service, or your tenant, or  Tell Tell Number	Vork Number
Name  Cell Number  Tell any person named above is in your service, or your tenant, or  Tell Tell Number	Vork Number
Cell Number Te	
	el Number
Address	
Cell Number Te	Vork Number el Number
Address  Description of incident  D	Describe exactly how the incident occurred
Declaration	
hereby declare the foregoing particulars to be true in every res	spect.
Signed at: Date:	
Full Name:	







Signature