

## Public liability claim form

### Consent to processing of personal information

I/We consent to the personal information provided by the policyholder or its representatives in terms of this insurance claim:

1. Will be used by the insurer, its employees and agents for the purposes of regulatory compliance to the various Legal Categories as stipulated in the Company's Information Manual.
2. Will be used by the insurer, its employees and agents for the purposes of processing the insurance claim.
3. Will be stored in a shared database and used to underwrite policies and assess risks fairly; and
4. May be verified against legally recognised sources or databases (including credit bureaus).

### Broker details

Broker name	Policy number: Jhb
Claim number: Jhb	Certificate number

### Insured details

Full name and surname		ID	
Licence details			
Company name		Occupation or business	
Company registration number		VAT number	
Address and code			
Postal and code			
Work tel	Fax	Home tel	Cell
Email			

### Loss/damage details

Address at which loss or damage occurred	
Date of loss	Describe in full how the loss or damage occurred:
Have you previously suffered a loss?    Yes      No	
Full description of previous claims	
Claimant name	ID

### Injuries / Damage

Please supply full details of personal injuries or damage	
Has any claim been lodged against you?    Yes      No      If    so,    for    what    amount? <b>R</b>	
Has the claimant made any offer or suggested to settle the claim?    Yes      No	
Has the loss been reported to the police?    Yes      No	
Police station	Case number
Has any other accident occurred at the same place under the same circumstances?    Yes      No	
If yes, was the accident due to lack of ordinary care on the part of the claimant?    Yes      No	

Please include the following documents for ALL incorrect dispensing of fuel and Products Liability claims:

- Letter from Third Party insurance company confirming that they will not be claiming against their policy or affidavit of non-insurance.
- Quotation of the Third Party vehicle damages
- Copy of the registration certificate of the Third Party vehicle, proving ownership
- Statement from insured and employee regarding the incident

### Declaration

I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Date

Signature of the insured

The issue of this form is not an admission of Liability.