



Corporate & Commercial Insurance Risk Consultants (Pty) Ltd

FAX MESSAGE

TO:	FROM:
COMPANY:	
FAX NO:	DATE:
NO. OF PAGES: 3 (INCLUDING THIS ONE)	

WITHOUT PREJUDICE

Type of Claim: Public Liability Claim

Please find attached, a public liability claim form as requested. Kindly return fully completed along with the following:

Should you have any queries, do not hesitate to contact the writer

Kind Regards

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**PUBLIKE AANSPREKLIKHEID
EISVORM**

Skrap afdelings nie van toepassing



**PUBLIC LIABILITY
CLAIM FORM**

Delete sections not applicable

Branch no. Tak nr.	Policy no. Polisnr.	Certificate no. Sertifikaatnr.
Mag; pensioen; salaris of personeellid nr. Force, pension, salary of personnel no.		Eisnr. Claim no.

VERSEKERDE	Naam		Name	INSURED
	Identiteits nr.		Identity no.	
	Adres en code		Address and code	
	Telefoon nr. Besigheid		Telephone no. Business	
	Telefoon nr. Huis		Telephone no. Home	
	Sel nr.		Cellular phone no.	
	Beroep		Occupation	
BESONDERHEDA VAN ONGELUK	Datum		Date	DETAILS OF ACCIDENT
	Tyd (bv. 16H30)		Time (eg. 16H30)	
	datum by u aandemeld		Date reported to you	
	Plek van ongeluk		Place of accident	
	Verduidelik presies hoe die ongeluk gebeur het. (Heg 'n sketsplan hieraan indien moontlik)		Explain fully how the accident occurred. (If possible attach sketch plan)	
EISER	Naam		Name	CLAIMANT
	Ouderdom		Age	
	Adres en code		Address and code	
	Telefoon nr. Besigheid		Telephone no. Business	
	Telefoon nr. Huis		Telephone no. Home	
	Sel nr.		Cellular phone no.	
	Beroep		Occupation	
BESERINGS OF SKADE	Verskaf volle besonderhede van persoonlike beserings of skade		Please supply full details of personal injuries or damage	INJURIES OR DAMAGE
	Is enige eis teen u ingestel		Has any claim been lodged against you?	
	indien wel, meld die bedrag		If so, for what amount	
	Het die beseerde persoon eienaar van die beskadigde eiendom enige aanbod of voorstel aan u gemaak om die Saak to skik?		Has the claimant made any offer or suggestion to settle the claim?	

BESERINGS OF SKADE	Verskaf name en adresse an alle getuies (indien geen name verkry is nie, vermeld redes)		INJURIES OR DAMAGE
Is die ongeluk by die polisie aangemeld?		Was the accident reported to the police?	
Indien wel, by watter kantoor		If so, at which police station	
Het daar voorheen `n ongeluk onder soortge-lyke omstandighede by dieselfde plek gebeur?		Has any other accident occurred at the same place under similar circumstances?	
Is die ongeluk toe te skrywe aan enige gebrek aan gewone versigtigheid deur die eiser?		Was the accident due to lack of ordinary care on the part of the claimant?	
Indien wel, in watter opsig?		If so, in what respect?	

Ek/ons verlaar hiermee dat bostaande besonderhede in elke opsig die waarheid is.
I/we hereby declare the foregoing particulars to be true in every respect.

Versekerde se Handtekening Signature of Insured		Hoedanigheid Capacity	Datum Date
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DIE UITREIKING VAN HIERDIE VORM IS NIE `N ERKENNING VAN AANSPREEKLIKEHEID NIE EN VERDER WORD DIE VERSEKERDE SE AANDAG DAAROP GEVESTIG DAT VOLGENS DIE POLISVOORWAARDES GEEN ERKENNING VAN AANSPREEKLIKEHEID OF ENIGE AANBOD, BELOFTES OF BETALINGS GEDOEN MAG WORD NIE OF ENIGE ONDERHANDELINGS AANGEKNOOP MAG WORD NIE SONDER DIE SKRIFTELIKE TOESTEMMING VAN DIE MAATSKAPPY.

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY AND THE INSURED'S ATTENTION IS DRAWN TO THE POLICY CONDITIONS WHICH STIPULATE THAT NO ADMISSION, OFFER, PROMISE, PAYMENT OR NEGOTIATION SHALL BE MADE WITHOUT THE WRITTEN CONSENT OF THE COMPANY.