

PROPERTY DAMAGE / PUBLIC LIABILITY CLAIM FORM

Broker Details

Broker			
Tel No		Fax No	Policy Number

Insured Details

Full name of insured			
Postal address		Postal code	
Telephone		Fax	
Email		Cell	

Details of Loss

Date of loss		Number of units damaged?	
Address where loss occurred			
Were the premises occupied at the time of the loss? Yes <input type="radio"/> No <input type="radio"/> If not, when last was it occupied?			
Purpose of occupation			
Description of damage to property OR of injury or damage to Third Parties			
What caused the Loss / Damage or Injury?			
Estimate of damage or amount claimed by Third Parties			

Police Station

In the event of loss or damage due to Theft: Police reference / case number		
Police station		Date reported

Third Party Details

Details of Third Party in respect of Public Liability claims		
Name		
Address		
Tel No	Fax No	Cell

Witness Details

Name		
Address		
Tel No	Fax No	Cell

Declaration

I/We declare that the particulars and declarations are correct and complete and include all information known to me/us. It is further declared and understood that should this application be completed by the broker/agent of the insured, the broker/agent will be considered to have been authorised to act as the insured's agent for the purpose of completing the application.

Date

Signature of insured or broker