



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	
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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	

WITNESS DETAILS

Name		Work Number	
Cell Number		Tel Number	
Address			
Age of injured		Details of injuries	

RELATIONSHIP DETAILS

If any person named above is in your service, or your tenant, or related to you, give full details

Name		Work Number	
Cell Number		Tel Number	
Address			

CLAIM

If a claim has been, or is being made against you, give details and attach any correspondence

Name		Work Number	
Cell Number		Tel Number	
Address			
Description of incident	Describe exactly how the incident occurred		

DECLARATION

I hereby declare the foregoing particulars to be true in every respect.

Signed at: _____ Date: _____

Full Name: _____

Signature