



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 No 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