

## 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
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