PUBLIC LIABILITY CLAIM

1. Complete this form in detail and return it to the Company without delay.
2. The Hollard Insurance Company is commited to resolving valid claims within the shortest possible time; in order to assist in expediting this process kindly ensure that this form is completed in detail.
3. A person making a claim against you must not be advised that you are insured or as to the terms and extent of your insurance.
4. All claims made against you must be advised to the Company immediately on receipt and all communications forwarded unanswered to the Company.
5. The Company will, subject to the terms and conditions of the Policy, undertake your defence in any legal action and all notices or advice of such action must be forwarded to the Company forthwith.
6. The issue of this form must not be considered as an admission of liability on the part of the Company, but is in accordance with the terms and conditions of the Policy.

Broker/Agent _____ Policy number _____

Insured

Name of Company _____

Is the company insured as a VAT vendor YES ◯ NO ◯ Company VAT/ Reg no. _____

Occupation _____

Address/Business address _____

Telephone no. (Work) _____ Cell phone no. _____ Email _____

Details of loss/damage

Date of accident _____ Time (e.g. 17:00) _____

Place where accident occurred _____

Detail and comprehensive statement setting out circumstances surrounding the loss

_____

Do you believe you were negligent, and if so, why YES ◯ NO ◯

_____

What measures were taken to prevent loss or damage _____

Third Party

Name of person injured or owner of property damaged _____ Age of injured person _____

Address _____

Business or occupation _____

Is the letter from the third party attached YES ◯ NO ◯ If not, please request.

Has the third party appointed attorneys YES ◯ NO ◯

Please provide details of the attorneys or any correspondence received _____

Please give full details of

i) Details of injury or loss

_____

Telephone no. (work) _____ Cell phone no. _____ Email _____

Provide as much detail as possible (attach drawings/maps/statements, etc.)

Howdie Insurance Administrators (Pty) Ltd (Reg. No. 2006/007917/07) is an authorised Financial Services Provider

ii) Damage to property of third party/ parties

iii) If damage caused to motor vehicle, please complete:

Manufacturer _____ Model _____

Year _____ Vehicle registration number _____

Location of damages on vehicle _____

Witness

Please give name and address of any witness(es). (If none were obtained, please state whether any were available and reason for not providing particulars.)

Relationship to insured _____ Contact details _____

Police

Police station and reference number _____ Date reported _____

Other Insurances

Have you any other insurance in force in respect of this occurrence YES ◯ NO ◯

If so, give particulars

Property Owners

(To be completed only if claim is under Property Owners' Policy)

Name and address of your tenant

Sketch Plan

(To be completed whenever applicable)
Attach drawings/maps/statements, etc.

Declaration

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

Protection of Personal Information

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Insured's signature	Insured's full name	Capacity	Date