

PUBLIC / PERSONAL LIABILITY CLAIM FORM

INSURER		BROKER	
POLICY NUMBER		Ngenious Business Solutions (Pty) Ltd	
		BROKER CONTACT DETAIL	
		011 760 2124	
INSURED	NAME	INSURED CONTACT :	
	OCCUPATION / BUSINESS DESCRIPTION	INSURED TEL / CEL NR.	
	ADDRESS	INSURED EMAIL :	
INCIDENT DETAIL	Date of Incident :	Time of Loss :	
	When did you become aware of the Incident and/or were informed thereof ?		
	Place where loss occurred ?		
DESCRIPTOIN OF CLAIM / LOSS / DAMAGE / ACCIDENT / CIRCUMSTANCES.	Please describe fully how the Loss / Damage / Accident occurred and/or Supply full details of the circumstances surrounding the claim being made against you.		
WITNESSES	Name	Address	Landline Tel No. AND Cel No.
<i>**Please provide details if the named person/s above is in your employ, your tenant, a family member or a business associate or partner**</i>			
POLICE DETAILS (if Applicable)	Date Reported		
	Case Number		
	Police Station		
PROPERTY DAMAGE	Name of Owner :	Telephone / Cell Nr .	
	Address of Owner :		
	Description of property and of damages to property.		
INJURY TO PERSONS	Name of Person :	Telephone / Cell Nr .	
	Residential Address :		
	Details of Injuries to Person :		
	Name of Person :	Telephone / Cell Nr .	
	Residential Address :		
	Details of Injuries to Person :		
<i>**Please provide details if the named person/s above is in your employ, your tenant, a family member or a business associate or partner**</i>			
CLAIMS MADE AGAINST YOU	Have you received notice of any claim being made against you ?		Yes No
	If YES, please provide details thereof :		
	<i>**Please provide / attach any correspondence you have received with regards to this matter, including Copies of SMS's / Emails etc.**</i>		
OTHER INSURANCE	Is there any other Insurance policy covering this Loss / Damage ?		
	If YES, please provide Name of Insurer & Policy Number.		

INFORMATION SHARING - CONSENT OF INSURED

- 1 I acknowledge that sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the best interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.
- 2 I waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provide by another person on my behalf in respect of any insurance policy or claim made or lodged by me. This is one my own behalf as well as on behalf of any person I represent in terms of this insurance policy.
- 3 I acknowledge that the Insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit.
- 4 I consent to such information being disclosed to any other insurance company ot its agent.
- 5 I acknowledge that the information may be verified against legally recognised sources or database.

DECLARATION

I / We hereby acknowledge that the insurer may make and enquiry, where applicable, to the South African Crime Burea or their authorised representatives to obtain any information or detail as being reported on this claim form.

I/We hereby declare that the afore going particulars to be true in every respect.

Insured Signature		Date (YYYY / MM / DD)	
Capacity		Place	