

Public Liability Accident Report Form



Please complete this claim form in BLOCK CAPITALS and send it to your broker or to
Zurich Insurance Company South Africa Limited
 70 Fox Street, Johannesburg, 2001 PO Box 61489, Marshalltown, 2107
 Registration No. 1965/006764/06
 Authorised Financial Services Provider No. 17703

The information that is sought herein is not intended to be an exhaustive list and Zurich accordingly reserves it's right to request any further information it deems appropriate while investigating the claim

Broker/Agent			
Insurer		Policy No.	Claim No.
Insured	Name		
	Address and Day Tel No.		
	Business or occupation		
Description of accident	Date and time		
	Place where accident occurred		
	State exactly how the accident occurred		
Witnesses	Address and telephone No.	1.	
		2.	
Police	If reported to police, state which station and case number		
Property damage	Name and address of owner	Current insurer of damaged property	
	Description of damage		
Personal injuries	Name, address and age of injured person	1.	
		2.	
	Details of injuries		
Relationship	If person named above is in your service, or your tenant, or related to you, give full details		
Claim	If claim made against you, give details and attach any correspondence		
Declaration	I/We declare that I/We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.		
	Insured signature	Capacity	Date