

PUBLIC LIABILITY ACCIDENT REPORT FORM

P O Box 4079
Edenvale
1610
Date: _____

FAX COMPLETED FORM
0865036135



Broker Name _____ Address _____ Contact Number _____ Business/Occupation _____ Vat number _____	Insured																
Date _____ Time _____ Place where accident occurred _____ Please state exactly how accident happened _____ _____ _____	Description of Accident																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%;"></td> </tr> <tr> <td style="padding: 5px;">Name, address and telephone number</td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td></td> </tr> </table>		1	2		Name, address and telephone number												Witnesses
	1	2															
Name, address and telephone number																	
If reported to the police, state which station and refernece number	Police																
Name and address of owner	Property Damage																
Description of damage																	
Name, address and age of insured person	Personal Injuries																
Details of injuries																	
If person named above is in your service, or your tenant, or related to you, give full details	Relationship																
If claim made against you, give details and attach any correspondence	Claim																
I/We declare that to the best of my/our knowledge the above statements are truly made Insured signature _____ Capacity _____ Date _____	Declaration																