

P O Box 4079
 Edenvale
 1610
 DATE:

LIABILITY CLAIM FORM

Email Completed Form
 claims@paradigmrisk.co.za



Insured	Broker Name		
	Address		
	Contact No.		
	Business/ Occupation		
	VAT No.		
Description of Accident	Date		
	Time		
	Place where accident occurred		
	Please state exactly how accident happened		
Witnesses	Full name, address and telephone no.	1.	2.
Police	If reported to the police, please state at which station and provide the reference number		
Property Damage	Name & address of owner		
	Description of damage		
Personal Injury	Name, address and age of the insured person		
	Details of Injury		
Relationship	If the person name above is in your service, or your tenant, or related to you, provide full details		
Claim	If the claim is made against you, provide details and attach any correspondence		
Declaration	I/We declare that to the best of my/our knowledge the above statements are truly made		
	Insured Signature: _____ Capacity: _____ Date: _____		