

PUBLIC LIABILITY CLAIM FORM

INSURER	
Policy	
Claim Number	
INSURED	
Name	
Address	
Phone number	
Business or occupation	
DESCRIPTION OF INCIDENT	
Date and time	
Place where incident occurred	
State exactly how the incident occurred. (Detailed statement must be attached)	
WITNESSES	
Name	
Address	
Phone Number	
POLICE	
If reported to police, state which station	
Reference number	

PROPERTY DAMAGE

Name and address of owner/third party

Description of damage

PERSONAL INJURIES

Details of injured person/ third party:

Name

Address

Age

Details of injuries

RELATIONSHIP

Give full details of third party

CLAIM

If claim is made against you, give details and attach any correspondence, including approach and quotes

DECLARATION

I/We declare that to the best of my knowledge the above statements are truly made

Insured's signature

Capacity

Date



Your authorisation to your insurer:

In order to provide you with the required service we are required to process your personal information and will do so lawfully in accordance with our business requirements and legal obligations. You acknowledge that the personal information may be verified and/ or processed for insurance, financial services and risk management purposes by our Group of companies against any other reasonable and legitimate sources or database to ensure the accuracy and completeness of any personal information provided on an ongoing basis. We will process your personal information for the following purposes:

- Quoting, underwriting, pricing, servicing and executing of insurance and other financial services;
- Assessment of financial and insurance risks;
- Assessment and processing complaints;
- Development and improvement of products and services;
- Credit references and/or verification of personal information;
- Fraud prevention and detection;
- Market research and statistical analysis;
- Audit & record keeping;
- Compliance with legal & regulatory requirements;
- Sharing of information with service providers and other third parties we engage to process such information on our behalf or who we render services to us; and
- Sharing of insurance and claims information with other insurers and industry bodies for legitimate reasons such as fraud prevention and claims validation.

We may transfer your personal information outside the borders of South Africa if required to provide any of the services.

You may access your personal information that we hold and may object to the processing of your personal information or

request us to correct any errors or to delete this information if there is no legitimate reason for us to maintain the information.

Please view our privacy and access to information manual on our website for further information.

Details of the Information Regulator of South Africa: 010 023 5200 / enquiries@info regulator.org.za

