

Public Liability Accident Report Form

INSURER	
POLICY NUMBER	
INSURED	
Name and Occupation	
Address and contact details; i.e. Tel, Cell and email address	
DESCRIPTION OF ACCIDENT	
Date, time and place of occurrence	
State exactly how the accident occurred	
NOTIFICATION OF PREVIOUS ACCIDENTS	
Have any circumstances which might possibly give rise to a claim been notified to any of your previous Insurers? If so, please give full details including dates and name of Insurers.	
WITNESS	
Name:	
Address and contact no:	
SAPS	
Police reference no. and Station	
PROPERTY DAMAGE	
Name and address of owner:	

PERSONAL INJURIES	
Name and age of injured person	
Address of injured person	
RELATIONSHIP	
If person named above is in your service, or your tenant, or related to you, attach full details.	
CLAIM	
If there is a claim against you, attach details and attach any correspondence in respect of such claim.	
DECLARATION	
I/we declare that to the best of my/our knowledge the above statements are truly made.	
Signature of Insured: _____	
Capacity: _____	
Date: _____	