



FSP NO: 45487
 Po Box 31053, Moreskof, 9462

PUBLIC LIABILITY CLAIM FORM

Policyholder Details

Insurer							
Insured		Policy Number					
Telephone	Home		Work		Cell		

Broker Details

Broker Name							
Contact	Tel		Fax		E-mail		

Details of Loss / Damage

Date of Loss		Time of Loss: Please indicate am/pm	
Description of Loss			
			Estimated Time of Loss

Incident

Place where incident occurred	
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Witness Details

Name							
Address							
Telephone	Home		Work		Cell		

Police

If reported to police, state which station	
Reference Number	

Details of Property Damage

Name of owner	
Address of owner	
Description of loss or damage	

Capacity: _____

Signature: _____ Tel: _____

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35B Dr Yusuf Dadoo,
Wilkoppies Klerksdorp, 2571**

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