

# LIABILITY CLAIM FORM

CLAIMS FOR PUBLIC, PERSONAL AND OTHER LEGAL LIABILITY,  
LEGAL EXPENSES AND UNRECOVERED DAMAGES



**NB**

## GENERAL REQUIREMENT FOR ALL CLAIMS

	INSURER		
	POLICY No.		BROKER THOR INSURANCE BROKERS (PTY) LTD
POLICY HOLDER	NAME & OCCUPATION		
	IDENTITY NUMBER		
	ADDRESS & DAY PHONE NO		
DAMAGE	DATE & TIME OF INCIDENT		
	WHERE DID IT HAPPEN		
OWN ATTORNEYS	YOUR ATTORNEYS NAME, IF APPOINTED		
	ADDRESS		
	TELEPHONE NUMBER		
CIRCUMSTANCES	DESCRIBE FULLY THE EVENT WHICH IS THE BASIS FOR THIS CLAIM AGAINST THE POLICY		
WITNESSES	WITNESS NAMES	1.	2.
	ADDRESS		
	TELEPHONE NUMBERS		
POLICE	HAVE YOU REPORTED TO THE POLICE		
	POLICE STATION		
	DATE REPORTED		
	POLICE REFERENCE NO		
OTHER INTEREST	HAS ANY OTHER PARTY AN INTEREST IN THE INSURED PROPERTY e.g. CREDIT AGREEMENT		
	IF SO GIVE NAME AND INTEREST		
	WHEN LAST VALUED		
BANK DETAILS	BANK		
	BRANCH NO / CODE		
	ACCOUNT NUMBER		
	ACCOUNT TYPE		
	ACCOUNT HOLDER		
DECLARATION	<b>I/WE SOLEMNLY DECLARE THAT I/WE HAVE SUFFERED A LOSS AS DESCRIBED ABOVE AND THE SAID LOSS/DAMAGE OCCURRED IN THE CIRCUMSTANCES DESCRIBED ABOVE</b>		
	INSURED SIGNATURE _____ CAPACITY _____ DATE _____		