

# Public Liability Accident Report Form



Please complete this claim form in BLOCK CAPITALS and send it to your broker or to  
**Zurich Insurance Company South Africa Limited**  
 70 Fox Street, Johannesburg, 2001 PO Box 61489, Marshalltown, 2107  
 Registration No. 1965/006764/06  
 Authorised Financial Services Provider No. 17703

The information that is sought herein is not intended to be an exhaustive list and Zurich accordingly reserves its right to request any further information it deems appropriate while investigating the claim

<b>Broker/Agent</b>			
<b>Insurer</b>		Policy No.	Claim No.
<b>Insured</b>	Name		
	Address and Day Tel No.		
	Business or occupation		
<b>Description of accident</b>	Date and time		
	Place where accident occurred		
	State exactly how the accident occurred		
<b>Witnesses</b>	Address and telephone No.	1.	
		2.	
<b>Police</b>	If reported to police, state which station and case number		
<b>Property damage</b>	Name and address of owner	Current insurer of damaged property	
	Description of damage		
<b>Personal injuries</b>	Name, address and age of injured person	1.	
		2.	
	Details of injuries		
<b>Relationship</b>	If person named above is in your service, or your tenant, or related to you, give full details		
<b>Claim</b>	If claim made against you, give details and attach any correspondence		
<b>Declaration</b>	I/We declare that I/We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.		
	Insured signature	Capacity	Date