

PUBLIC LIABILITY CLAIM FORM



BROKER

POLICY NUMBER

1. INSURED

Hollard Construction & Engineering are committed to resolving your claim within the shortest possible time and in order to assist in expediting this process kindly ensure that this form is completed in detail.

Insured:

Is the Insured a VAT Vendor?

YES

NO

VAT no.:

Business address:

Telephone no. (w):

Cellphone no.:

Email address:

2. DETAILS OF LOSS/DAMAGE

**PROVIDE AS MUCH DETAIL AS POSSIBLE: (ATTACH DRAWINGS / MAPS / STATEMENTS ETC.)*

Date:

Time:

Place where accident occurred:

Did the loss occur in connection with your business?

Detailed and comprehensive statement setting out circumstances surrounding the loss:

Do you believe you were negligent, if so why?

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What measures were taken to prevent loss or damage?

3. THIRD PARTY DETAILS

Name, address and age of injured person or claimant 1:

Tel / Cell no:

Details of injury or loss:

Name, address and age of injured person or claimant 2:

Tel / Cell no:

Details of injury or loss:

***PROVIDE AS MUCH DETAIL AS POSSIBLE: (ATTACH DRAWINGS / MAPS / STATEMENTS ETC.)**

4. WITNESSES

Witness 1:

Name:

Relationship to Insured:

Contact details:

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Witness 2:

Name:

Relationship to Insured:

Contact details:

5. DECLARATION

I / We warrant that the foregoing information provided is true and correct, and that no information has been withheld in respect of the loss / damage. I / We undertake to advise Hollard in writing in the event of any changes to supplied information, and in the event of the recovery of any part of the property forming the subject of this claim.

Insured's full name:

Signature:

Capacity:

Date: