

TELEPHONE : 021- 914 1700
 FAX : 021- 914 1740
 E-MAIL : general@delphisure.com



**DELPHISURE
 INSURANCE**



DELPHI ARENA
 OLD OAK ROAD
 TYGERVALLEY
 BELLVILLE

P O BOX 3388
 TYGERPARK
 7536

THE ISSUE OF ANY CORRESPONDENCE IS NOT AN ADMISSION OF LIABILITY
 BUT ISSUED STRICTLY IN TERMS OF THE CONDITIONS OF THE POLICY

PUBLIC LIABILITY CLAIM FORM

INSTRUCTIONS

1. Complete this form in detail and return it to the Company without delay.
2. A person making a claim against you must not be advised that you are insured or as to the terms and extent of your insurance.
3. All claims made against you must be advised to the Company immediately on receipt and all communications forwarded unanswered to the Company
4. The Company will subject to the terms and conditions of the Policy undertake your defense in any legal action and all notices or advice of such action must be forwarded to the company forthwith.
5. The issue of this form must not be considered as an admission of liability on the part of the Company but is issued in accordance with the terms and conditions of the Policy.

| | | | | |
|--|--|---|--|--|
| Policy Number Polisnommer | | Claim number Eisnommer | | |
| Name of Insured Naam van versekerde | | Business / Occupation Besigheid / Beroep | | |
| Address Adres | | Telephone number (house/huis) Telefoonnommer (work/werk) | | |
| The Occurrence <i>(all claims)</i> | Date of occurrence voorval | Datum van | Time of occurrence Tyd van voorval | |
| | Place/address of occurrence | | Plek/adres van voorval | |
| | Case no. and police station reported to | | Verwysingsnommer en polisiestatie waar aangemeld | |
| | Description of occurrence | | Beskrywing van voorval | |
| | Die Voorval <i>(alle eise)</i> | | | |
| NB – ANY SALVAGE (I.E. BROKEN PIECES) MUST BE PRESERVED / ENIGE WRAKKE (BV. STUKKENDE ITEMS) MOET BEHOU WORD | | | | |
| Third Party <i>(other injured person or damaged property not belonging to insured)</i> | Name / Naam | Address / Adres | Injuries/Damage Beserings/Skade | |
| | | | | |
| | | | | |
| | Has any claim been made upon you verbally or in writing? Provide details. | | Is enige eis teen u ingestel, skriftelik of mondelings? Verskaf besonderhede. | |
| Derde Party <i>(ander beseerde persoon of eiendom wat nie aan versekerde behoort nie)</i> | Have you made any offer to settle the claim in any way? Provide details. | | Het u aangebied om die teen-eis tegemoet toe kom op enige manier? Verskaf besonderhede. | |
| | | | | |
| Witnesses Getuies | Name / Naam | Address / Adres | Phone no. / Telefoonnr. | |
| | | | | |
| | | | | |
| | | | | |

| | | | | |
|--|--|---|--|----------------------------------|
| Property owners Huiseienaars | Name and address of tenant | | Naam en adres van huurder | |
| | Name of tenancy | | Naam van beheerliggaam | |
| | Nature of tenancy | Tipe beheerliggaam | Period of contract | Periode van kontrak |
| | Describe any notice of defects given to you or to your agent | | Beskryf enige kennis van defekte aan u of u agent gegee | |
| | If so, what steps has been taken to remedy them? | | Indien wel, welke stappe is geneem of dit te verbeter? | |
| Driving accidents Motorongelukke | Name and address of driver | | Naam en adres van bestuurder | |
| | Age | Ouderdom | How long has he been in your employment | Hoe lank is hy al in u diens? |
| | Was driver injured? | Is bestuurder beseer? | If so, give details | Indien wel, gee besonderhede |
| | Description of vehicle | | Beskrywing van voertuig | |
| | Was vehicle damaged? | Is voertuig beskadig? | Where can vehicle be inspected? | Waar kan voertuig besigtig word? |
| | Purpose which vehicle was being used for | | Doel waarvoor voertuig gebruik was | |
| | Speed at the time of the accident | Spoed tydens die ongeluk | Width of road | Breedte van pad |
| | Who in your opinion was to blame for the damage? | | Wie in u opinie is verantwoordelik vir die skade? | |
| Animals Diere | Description of animal | Beskrywing van dier | Was the animal injured | Was die dier beseer |
| | Name and address of vet | Naam en adres van vee-arts | Value of animal | Waarde van dier |
| Other Insurance Ander Versekering | Have you any other insurance in force in respect of this occurrence? | | Besit u enige ander versekering ten opsigte van hierdie voorval? | |
| | Provide details | | Verskaf besonderhede | |
| Sketch Plan <i>(complete whenever applicable)</i> | | | | |
| Skets Plan <i>(Voltooi waar van toepassing)</i> | | | | |
| <i>I/We understand that the issue of this form is not an admission of liability.</i> <i>I/We hereby declare the foregoing particulars to be true in every aspect and that I/we have not withheld any information from the Company within my/our knowledge, connected with the loss.</i> | | <i>Ek/Ons verstaan dat die uitreiking van hierdie vorm nie 'n erkenning van aanspreeklikheid is nie.</i> <i>Ek/Ons verklaar hiermee dat die voorafgaande besonderhede in elke opsig waar is en dat ek/ons geen inligting aan my/ons beken wat betrekking het op hierdie eis, van die Maatskappy weerhou nie.</i> | | |
| Insured's signature | | Date | | |
| Versekerde se handtekening _____ | | Datum _____ | | |
| Insured's VAT registration number (if applicable) | | | | |
| Versekerde se BTW registrasienommer (indien van toepassing) _____ | | | | |