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DELPHISURE INSURANCE



DELPHI ARENA
 OLD OAK ROAD
 TYGERVALLEY
 BELLVILLE

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

P O BOX 3388
 TYGERPARK
 7536

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 Datum van voorval	Time of occurrence Tyd van voorval
	Place/address of occurrence Plek/adres van voorval	
	Case no. and police station reported to Verwysingsnommer en polisiestasie 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
Derde Party <i>(ander beseerde persoon of eiendom wat nie aan versekerde behoort nie)</i>	Has any claim been made upon you verbally or in writing? Provide details.	
	Is enige eis teen u ingestel, skriftelik of mondelings? 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	Type 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>				
<p><i>I/We understand that the issue of this form is not an admission of liability.</i></p> <p><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></p> <p>Insured's signature</p> <p>Versekerde se handtekening _____</p> <p>Insured's VAT registration number (if applicable)</p> <p>Versekerde se BTW registrasienommer (indien van toepassing) _____</p> <p>Date</p> <p>Datum _____</p>				