

PUBLIC LIABILITY CLAIM FORM

Policyholder Detail

Insurer						
Insured				Policy Number		
Telephone	Home			Work		
					Cell	

Broker Details

Broker Name						
Contact	Tel			Fax		
					Email	

Details of Loss / Damage

Date of Loss			Time of Loss: Please indicate AM/PM			
Description of Loss						
Estimated Amount of Loss						R

Incident

Place where incident occurred						
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Witness Details

Name and Surname						
Address						
Telephone	Home			Work		
					Cell	

Police

If reported to police, state which station						
Police Officer Details						
Reference Number						

Details of Property Damage

Name of owner						
Address of owner						

Natsure HCV & Commercial a division of (Pty) Ltd (Registration No. 1968/004869/07) is an Authorised Financial Services Provider - FSP No. 4578

Directors:

Dr DP Botha (Chairman)
T Davey (Managing Director)
M Appelo
M Meyer
M Pretorius

Head Office:

A Block A, Block@Nature
472 Botterklapper Street
Die Wilgers,
Pretoria East, 0184

T 086 147 7752
F 086 538 5983
www.natsure.co.za

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Description of loss or damage	

Details of Personal Injuries

Name and Surname						
Address						
Telephone	Home		Work		Cell	
Age of Injured			Details of Injuries			

Relationship Details

If any person named above is in your service, or related to you, give full details						
Name and Surname						
Address						
Telephone	Home		Work		Cell	

Claim

If a claim has been, or is being made against you, give details and attach any correspondence						
Name and Surname						
Address						
Telephone	Home		Work		Cell	
Description of incident				Describe exactly how the incident occurred		

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Declaration

I / We hereby declare the forgoing particulars to be true and accurate in every respect.

Dated _____ / _____ / 20_____ .

Signed at _____ on this _____ day of _____ 20_____

Name: _____ Witnessed by: _____

Capacity: _____

Signature: _____

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