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PUBLIC LIABILITY CLAIM FORM

Insured	Name			
	Policy number			
	e-mail address			
	Contact person			
	Contact number			
	VAT Number			
Incident	Date and time of incident		Date:	Time:
	Place of loss			
	Estimate			
	Is this incident covered under any other policy of insurance		YES	NO
Police	Place where reported			
	If reported - provide case number			
Witnesses	Name		1.	2.
	Address			
	Telephone number			
Property damage	Name and address of owner			
	Description of loss or damage			

*** DO NOT REPLY TO ANY CORRESPONDENCE FROM ANY THIRD PARTY**

_____ Initial

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Personal injuries	Name	1.	2.
	Address		
	Age		
	Telephone number		
Relationships	If any person named above is in your service, or your tenant, or related to you, give full details		
Claims	If a claim has been, or is being made against you, give details and attach any correspondence. *		

Describe exactly how the incident occurred	

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_____ Initial



Declaration	I / we declare that to the best of my / our knowledge the above statements are true/		
	Insured's Signature	Capacity	Date of Signature

*** DO NOT REPLY TO ANY CORRESPONDENCE FROM ANY THIRD PARTY**

_____ Initial