

# PUBLIC LIABILITY

## Claim Form

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### INSURED

Name of insured

Policy number

Contact person

Contact phone number

Contact email address

VAT number

### INCIDENT

Date of incident

Time of incident

Place of loss

Estimate

Is this incident covered under any other policy of insurance

-Please Select-

### POLICE

Place where reported

Date of reporting

Case number (if reported)

### WITNESSES

#### Witness 1

Name

Contact number

Address

#### Witness 2

Name

Contact number

Address

### PROPERTY DAMAGE

Name of owner

Address of owner

Description of loss or damage

**PERSONAL INJURIES**

**Person 1**

Name  
Contact number  
Address  
  
Age

**Person 2**

Name  
Contact number  
Address  
  
Age

**RELATIONSHIPS**

If any person named above is in your service, 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**

**DECLARATION**

I / we declare that to the best of my / our knowledge the above statements are true. I acknowledge that the information set out above is provided freely so that Western may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that Western may use this information, my personal information on record and additional information obtained from other sources in order to determine whether to accept or reject my claim and take all necessary steps ancillary thereto to give effect hereto. I understand that I may be liable for output VAT in terms of the Value-Added Tax Act, 10 of 2000.

Insured's signature

Capacity

Date

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E info@westnat.com

**Gauteng**

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