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 FSP NUMBER: 5950

PUBLIC LIABILITY CLAIM FORM

1. Complete the 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 to undertake your defence 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.

BROKER/AGENT				POLICY NUMBER			
INSURED	Name						
	Business & occupation						
	Address						
	Telephone numbers	(W)	(H)	Email			
PARTICULARS OF ACCIDENT	Date of accident			Time	Place		
	Exact place where accident occurred						
	Explain exactly how the accident happened						
THIRD PARTY	Name of person injured Or owner of property damaged						
	Address						
	Age of person injured						
	Details of injury						
	Business or occupation						

	Please give full details of	1) Personal injuries	2) Damage of properties of third parties
	Have you made any offer to settle the claim in any way?		
OTHER INSURANCES	Have you any other insurance in force in respect of the occurrence? If so, give particulars		
PROPERTY OWNERS (TO BE COMPLETED ONLY IF CLAIM IN UNDER PROPERTY OWNERS POLICY)	Name and address of your tenant		
DRIVING ACCIDENTS (COMPLETE ONLY IF CLAIM UNDER A DRIVING ACCIDENTS POLICY)	Name of driver:	Age:	
	Address		
	How long has he been in your employment?		
	Was the driver injured?	If so, give details	
	Description of vehicle	Was vehicle damaged?	
	If so, give particulars/cost of repair	Where can vehicle be examined?	
WITNESS	Name	Address	Telephone number
POLICE DETAILS (IF APPLICABLE)			
DECLARATION	I/we declare that to the best of my/our knowledge the above statement are truly made. Insured's signature _____ Capacity _____ Date _____		

“FRAUDULENT CLAIMS WILL BE PROSECUTED”