PUBLIC LIABILITY ACCIDENT REPORT FORM

OPENBARE AANSPREEKLIKHEID ONGELUK VERSLAG VORM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | Policy No. | Polis Nr. | |  | |
| Claim No. | Eis Nr. | |
| Broker /Agent | |  | | | Makelaar / Agent | |
| Insured | Name |  | | | Naam | Versekerde |
| Address And Telephone No. |  | | | Adres En Telefoon Nr. |
| Business Or Occupation |  | | | Besigheid Of Beroep |
| VAT Registration No. |  | | | BTW Registrasie Nr |
| Description Of Accident | Date And Time |  | | | Datum En Tyd | Beskrywing Van Ongeluk |
| Place Where Accident Occurred |  | | | Plek Waar Ongeluk Gebeur Het |
| State Exactly How The Accident Occurred |  | | | Meld Presies Hoe Die Ongeluk Gebeur Het |
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|  | | |
| (Continue Overleaf) (Vervolg Op Keersy) | | |
| Witnesses | Name, Address And Telephone No. | 1. | | 2. | Naam, Adres En Telefoon Nr. | Getuies |
|  | |  |
|  | |  |
| Police | If Reported To Police, State Which Station And Reference Number |  | | | Indien Aan Polisie Gerapporteer Meld Betrokke Kantoor En Verwysings Nommer | Polisie |
| Property Damage | Name And Address Of Owner |  | | | Naam En Adres Van Eienaar | Eiendom Skade |
|  | | |
| Description Of Damage |  | | | Beskrywing Van Skade |
|  | | |
| Personal Injuries | Name, Address And Age Of Injured Person | 1. | | 2. | Naam, Adres En Ouderdom Van Beseerde | Persoonlike Beserings |
|  | |  |
| Details Of Injuries |  | |  | Besonderhede Van Beserings |
|  | |  |
| Relationship | If Person Named Above Is In Your Service, Or Your Tenant, Or Related To You, Give Full Details |  | | | Indien Bogenoemde Persoon In U Diens Of U Huurder Of Aan U Verwant Is, Meld Besonderhede | Verwantskap |
| Claim | If Claim Made Against You Give Details And Attach Any Correspondence |  | | | Indien U Kennis Ontvang Het Van Enige Eis Meld Besonderhede En Voorsienenige Korrespondensie | Eis |
| Declaration | I / We Declare That To The Best Of My / Our Knowledge The Above Statements Are Truly Made.  Ek / Ons Verklaar Dat Na My / Ons Beste Wete Die Bostaande Verklarings Juis Afgelê Is.  Insured’s Signature Capacity Date  Versekerde Se Handtekening ……………………………………………… Hoedanigheid……………………………………... Datum………………………………………. | | | | | Verklaring |