Reef Insurance Brokers (Pty) Ltd
Reg No 1983/012774/07 | VAT No 4920108786

Reef House, Cnr Mowbray & Bunyan St, Benoni, 1501
PO Box 1558, Benoni, 1500

PERSONAL LIABILITY CLAIM FORM

1. Complete this 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 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 be considered as an admission of liability on the part of the Company, but is in accordance with the terms and condition of the Policy.

Name of Insurer _____ Policy Number _____

INSURED

Name of Insured _____ Contact Number _____

Occupation _____ ID Number _____

Physical Address _____

_____ Code _____

PARTICULARS OF ACCIDENT

Date of Accident _____ Time of Accident _____

Exact place where accident happened _____

Explain fully how accident happened _____

_____

_____

THIRD PARTY

Name of Person Injured | Owner of Property Damaged _____

Physical Address _____

_____ Code _____

Business Occupation _____

Please give full details of:

i) Personal Injuries _____

_____

ii) Damage to property of Third Parties _____

_____

iii) If motor vehicle is damaged Make _____ Model _____

Year Model _____ Vehicle Reg _____

Area of damage on vehicle _____

WITNESS

Please give Name and Address of any witness. (If none were obtained, please state whether any were available and reason for not providing particulars)

_____

_____

POLICE

Police Station _____ Reference Number _____

Date Reported _____

OTHER INSURANCES

Have you any other insurance in force in respect of this occurrence? If so, give particulars.

_____

_____

PROPERTY OWNERS

(To be completed only if claim is under Property Owners' Policy)

Tenant's Name _____ Contact Number _____

Physical Address _____

_____ Code _____

SKETCH PLAN

(To be completed whenever applicable)

DECLARATION

CONSENT TO DISCLOSURE: You acknowledge that the sharing of claims information and underwriting information (including credit information) by Insurers is essential to enable the Insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims, in the public interest and with a view to limiting premiums. On behalf of Yourself and on behalf of any person You represent herein,You herby waive any right to privacy in any insurance information provided by You or on Your behalf in respect of any insurance policy or claim made or lodged by You and You consent to such information being disclosed to any other insurance company or its agent, You also acknowledge that the information provided by You may be verified against other legitimate sources or database. You also waive any rights of privacy and consent to the disclosure of any information relevant to any insurance policy or claim concerning Yourself.

We hereby declare the foregoing particulars to be true and complete and correct in every respect.

Insured's Signature _____ Capacity _____ Date _____