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Reg. No. 1971/010190/06
VAT Reg No. 4380101289
Financial Services Provider No.: 2603

NOTICE OF ACCIDENT PUBLIC LIABILITY INDEMNITIES (NON MOTOR)

Every question must be answered fully, the abbreviation N/A should be used where the question is not applicable. The Company does not admit liability by the issue of this form. Correspondence received from a claimant should not be acknowledged, and is to be passed to the Company immediately.

Do not admit liability and do not disclose that you are insured.

1. Name of Insured Phone No.
Address Policy No.
Occupation:

2. State carefully: Date of accident: Time:
Place where accident occurred:

3. Give full details how accident occurred:
.....
.....

4. Give Names and Addresses of all Witnesses

(.....
A. Own Employees: (.....
(.....
B. Other Witnesses: (.....
(.....

5. Was the person acting on your
behalf in your direct employ ?
If not, state name and address
of employer:
Was employer your sub-contractor ?

6. Were particulars taken by Police ?
If so, give number and station of
Officer taking particulars:

7. Do you hold any other policy
indemnifying you for this accident ?
If so, give name and address of
Company issuing you with the policy:

DAMAGE TO OTHER PERSONS OR PROPERTY

8. Name of person:

Address:

State nature of Injury
or damage caused:

9. Have you received notice of Claim ?

If so, from whom ?

If claim in writing please
forward with this form:

I/We hereby declare the foregoing particulars to be true and correct, and I/We undertake to render the Company every assistance in my/our power in dealing with the matter

DATE: SIGNATURE: