

CLAIM FORM: PERSONAL LIABILITY EISVORM: PERSOONLIKE AANSPREEKLIKHEID



Insured	Policy number			Polisnr.	Versekerde
	Name and surname			Naam en Van	
	E-mail address			Epos adres	
	Address			Adres	
	Telephone number			Telefoonnommer	
Incident	Date and time			Datum en tyd	Vooral
	Place where incident occurred			Plek waar verlies, skade of voorval plaasgevind het	
Witnesses	Name, address and telephone number	1	2	Naam, adres en telefoonnommer	Getuies
Police	If reported to police, state which station and reference number			Indien by polisie aangemeld, meld betrokke kantoor en verwysingsnommer	Polisie
Property damage (if applicable)	Name and address of owner			Naam en adres van eienaar	Eindomskade (indien van toepassing)
	Type of loss or damage			Tipe verlies of skade	
Personal injuries (if applicable)	Name, address and age of injured person/s	1	2	Naam, adres en ouderdom van beseerdes	Persoonlike beserings (indien van toepassing)
	Details of injuries	1	2	Besonderhede van beserings	
Relationship	If any person named above is in your service, or your tenant, or related to you, give full details			Indien enige van die bogenoemde persone 'n werknemer, 'n huurder of 'n familielid is, meld besonderhede	Verwantskap
Claim	If a claim has been, or is being made against you, give details and attach any correspondence*			Indien 'n eis teen u ingestel is, of teen u ingestel word, meld besonderhede en heg alle korrespondensie aan *	Eis

