

PUBLIC LIABILITY INCIDENT REPORT FORM

Important Notice:

If there is an occurrence that you become aware of which may lead to a claim being made on your professional indemnity policy, you must IMMEDIATELY call us.

The claim form is to be completed and signed by the insured person or a director if the insured is a company.

All questions must be answered as fully as possible using additional sheets of paper if necessary.

Copies of all relevant documentation should be sent to us with the claim form.

If you have any questions when completing the form please contact us.

Insured Details

Full name of insured:

Policy number:

Contact Number:

Email Address:

Physical Address:

INCIDENT DETAILS

Date and time of incident:

Date when claim was made against you:

Address where incident occurred:

WITNESSES

Name	Contact Number	Address

PROPERTY LOSS / DAMAGE

Name of Owner:

Please provide details of loss/damage below:

Personal Injuries

Name	Age	Address
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1.		
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Details of Injury

2.		
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Details of Injury

DETAILED DESCRIPTION OF INCIDENT (Describe exactly how the incident occurred)

Declaration and Authorization

I / We warrant that the foregoing information provided is true and correct, and that no information has been withheld in respect of the loss / damage.

I / We undertake to advise Western National Insurance Company in writing in the event of any changes to supplied information and in the event of the recovery of any part of the property forming the subject of this claim

Full Name:

Capacity:

Signed at:

on

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by

Signature:

CONTACT INFORMATION

RSUM (PTY) Ltd
Directors: BP Marais,
JC Marais (CA) SA
Reg no: 2020/448716/07
FSP no. 51113

Physical Address:
Main Road 70
Paarl
Western Cape
7646

Our Insurer:
Western National Insurance Company Limited (South Africa)
Tyger Waterfront, Charl Cronje Drive, Bellville 7535
Juristic Representative under FSP9465