

PUBLIC LIABILITY

CLEAR FORM

PRINT FORM

Claim Form

INSURED

Name of insured

Policy number

Contact person

Contact phone number

Contact email address

VAT number

INCIDENT

Date of incident

Time of incident

Place of loss

Estimate

Is this incident covered
under any other policy
of insurance

POLICE

Place where reported

Date of reporting

Case number (if reported)

WITNESSES

Witness 1

Name

Contact number

Address

Witness 2

Name

Contact number

Address

PROPERTY DAMAGE

Name of owner

Address of owner

Description of loss
or damage

PERSONAL INJURIES

Person 1

Name

Contact number

Address

Age

Person 2

Name

Contact number

Address

Age

RELATIONSHIPS

If any person named above is in your service, your tenant, or related to you, give full details

CLAIMS

If a claim has been, or is being made against you, give details and attach any correspondence.*

DESCRIBE EXACTLY HOW THE INCIDENT OCCURRED

DECLARATION

I / we declare that to the best of my / our knowledge the above statements are true. I acknowledge that the information set out above is provided freely so that Western may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that Western may use this information, my personal information on record and additional information obtained from other sources in order to determine whether to accept or reject my claim, and take all necessary steps ancillary thereto to give effect hereto. I understand that I may be liable for output VAT in terms of section 8(8) of the VAT Act 89 of 1991.

Insured's signature

Capacity

Date

Cape Town

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E info@westnat.com

Gauteng

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Windhoek

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