



UNDERWRITING MANAGERS

Tel: 0861-00-0090
E-mail: claims@keu.co.za
Website: www.keu.co.za

PUBLIC LIABILITY NOTIFICATION CLAIM FORM

1. Complete this form in detail and return it to the KEU Underwriting Managers (Pty) Ltd without delay.
2. A person making a claim against you must not be advised as to the terms and extent of your insurance policy.
3. All claims made against you must be advised to KEU Underwriting Managers (Pty) Ltd immediately on receipt and all communications forwarded unanswered to our offices.
4. The Company will subject to the terms and conditions of the Policy undertake your defense in any legal action and all notice or advice of such action must be forwarded to the company.
5. The issue of this form must not be considered as an admission of liability on the part of KEU Underwriting Managers (Pty) Ltd but is issued in accordance with the terms and condition of the Policy.

PLEASE ATTACHED A COPY OF THE FOLLOWING DOCUMENTS WITH THE COMPLETED CLAIM FORM

ANY SUMMONS MADE AGAINST YOU

MEDICAL REPORT AND INCIDENT REGISTER IF APPLICABLE

ANY RELEVANT CORRESPONDENCE INCLUDING DEMANDS, CONTRACTS, QUOTES, POLICE REPORTS AND INVOICES:

INSURED

POLICY NUMBER:

KEU

INSURANCE BROKER:

NAME OF INSURED:

CONTACT NUMBER:

EMAIL:

BUSINESS DESCRIPTION:

PHYSICAL ADDRESS:

PARTICULARS OF INCIDENT:

DATE OCCURRED:

Day / Month / Year

TIME OCCURRED:

AM

PM

DATE REPORTED:

Day / Month / Year

TIME REPORTED:

AM

PM

EXACT LOCATION WHERE ACCIDENT / INCIDENT HAPPEND:

HAVE YOU ADMITTED RESPONSIBILITY/ LIABILITY FOR THE INCIDENT OR MADE ANY OFFER TO SETTLE THE CLAIM IN ANY WAY?

YES

NO

IF YES PLEASE PROVIDE DETAILS

WERE EMERGENCY SERVICES SUCH CONTACTED?

YES

NO



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IF 'YES', PLEASE PROVIDE DETAILS AND ATTACH REPORTS AVAILABLE			
HAVE YOU RECEIVED A FORMAL DEMAND OR CLAIM FROM ANOTHER PERSON?	YES	NO	
IF 'YES', PLEASE ATTACHED ALL CORRESPONDENCE INCLUDING DEMANDS, CONTRACTS, QUOTES AND INVOICES:			
FULL & DETAILED DESCRIPTION OF INCIDENT OCCURRED:			
FULL & DETAILED DESCRIPTION OF ANY PROPERTY DAMAGED, OR INJURIES SUFFERED. NB: THE PIECES OF ANY BROKEN PROPERTY MUST BE PRESERVED:			
THIRD PARTY INJURY DETAILS:			
NAME OF PERSONS INJURED		CONTACT DETAILS	
AGE OF INJURED PERSON AT TIME OF INJURY		OCCUPATION OF INJURED PERSON	
INJURED PERSONS ADDRESS:			
DETAILS OF INJURIES			



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THIRD PARTY PROPERTY DETAILS:			
PROPERTY OWNER NAME		CONTACT DETAILS	
DETAILS OF PROPERTY DAMAGED:			
BUSINESS OF OCCUPATION:			
WITNESS:			
NAME	CONTACT NUMBER	ADDRESS	RELATION TO INSURED/ INJURED PARTY
POLICE:			
POLICE STATION		CASE NUMBER:	
DATE REPORTED:	Day / Month / Year	REPORTED BY:	
OTHER INSURANCES:			
ARE THERE ANY OTHER POSSIBLE RESPONSIBLE PARTIES INVOLVED, INCLUDING SUB-CONTRACTORS?			
HAVE YOU HAD ANY OTHER INSURANCE IN FORCE IN RESPECT OF THIS OCCURRENCE? IF SO, GIVE PARTICULARS:			
DECLARATION			
<p>I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that KEU Underwriting Managers (PTY) LTD has been made aware of all important information and that any incorrect information may mean that the claim may be rejected, and the policy cancelled.</p> <p>I consent to KEU Underwriting Managers, Centriq and its operators, processing and further processing, my personal information in accordance with the Protective of Personal Information Act, for the purpose of concluding and performing in terms of this insurance contract.</p> <p>For further information please read our Private Notice, which can be found on www.centriq.co.za</p>			
NAME OF INSURED:		SIGNATURE	
CAPACITY:		DATE:	Day / Month / Year