

## Public Liability Claim Form

### Policyholder Details

Insurer	Mutual and Federal Risk Financing Ltd					
Insured				Policy Number		
Telephone	Home		Work		Cell	

### Broker Details

Broker Name						
Contact	Tel no		Fax		E-mail	

### Details of Loss /Damage

Date of Loss		Time of Loss: Please indicate am / pm		
Description of Loss				
Estimated Amount of Loss				
When was the loss discovered				
Period over which the loss/es occurred	Date from		Date to	
Place where incident occurred				

### Witness Details

Name						
Address						
Telephone	Home		Work		Cell	

### Police

If reported to police, state which station			
Date reported		Ref no	

### Details of Property Damage

Name of owner	
Address of owner	
Description of loss or damage	

### Details of Personal Injuries

Name		Age	
Address			
Details of injuries			
Telephone	Home	Work	Cell

### Relationship Details

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

Name			
Address			
Telephone	Home	Work	Cell

### Claim

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

Name			
Address			
Telephone	Home	Work	Cell



## Your Responsibility

### Public Liability

1. Completed claim form.
2. Written confirmation from claimant.
3. Quantum documentation i.e. Quotations / Invoices.
4. Full description of events.
5. Full details of third party i.e. full names, ID numbers, VAT number, physical address.
6. Contact details of the insured for an assessor to be appointed.

**Disclaimer**

You are responsible for giving us true and complete information relevant to this claim. You hereby confirm that your loss or damage occurred during the period of insurance.

Signed at: \_\_\_\_\_ Signature: \_\_\_\_\_

Name and surname of signatory: \_\_\_\_\_

Designation: \_\_\_\_\_ Date: \_\_\_\_\_

**Ibiliti Underwriting Managers**

Tel: 010 590 5511  
E-mail: [claims@ibiliti.co.za](mailto:claims@ibiliti.co.za)  
[www.ibiliti.co.za](http://www.ibiliti.co.za)

**Physical address:**

The Pivot, Block D, 2nd Floor, Montecasino Boulevard, Fourways, 2191

**Postal address:**

Postnet Suite 984 Private Bag X153, Bryanston, 2021