



Public Liability Insurance Claim Form

PLEASE COMPLETE IN FULL ALL SECTIONS OF THIS CLAIM FORM AS SOON AS POSSIBLE AFTER THE INCIDENT AND SUBMIT TO SACOS ALL THE REQUIRED DOCUMENTS AS PER CHECKLIST.

1. All statements must be factual, not influenced or biased in any form.
2. Please provide Sacos with as much information about the incident as you can.
3. Please inform the police immediately if something is lost or if you suspect any theft, malicious damage or if you are a victim of a riot.
4. You can carry out any temporary repairs needed to make your property weatherproof or safe but please keep all your receipts as the expenses incurred may form part of your claim.
5. Please speak to our Claims Staff before you make any arrangements for replacement or permanent repairs.
6. Sacos must have the opportunity to view and inspect the damages before you start any permanent repairs and Sacos reserves the right to appoint a loss adjuster.
7. Please ensure that you take reasonable steps in order to prevent any further damage (s) to your property or third party property.
8. If anyone is holding you responsible for damage to their property or for injury to them, please do not admit to any liability and inform them that they should provide you with an official written claim to submit to Sacos.

1. INSURED DETAILS

POLICY NUMBER

Name

Postal Address

Occupation

Telephone (Mobile)

Telephone (Work)

Email Address

Trade or Business

THE PERSON SUBMITTING THIS FORM (IF DIFFERENT FROM POLICYHOLDER)

Name

Postal Address

Telephone (Mobile)

Telephone (Work)

Email Address

Address

Contact number

Name and addresses of hospital/clinic at which injured person have been treated

Nature of Injuries

Note: Please attach a copy of medical report, sick leave certificate and death certificate incase of death

B Name

Address

Contact number

Name and addresses of hospital/clinic at which injured person have been treated

Nature of Injuries

Note: Please attach a copy of medical report, sick leave certificate and death certificate incase of death

C Name

Address

Contact number

Name and addresses of hospital/clinic at which injured person have been treated

Nature of Injuries

Note: Please attach a copy of medical report, sick leave certificate and death certificate incase of death

4. DAMAGE TO PROPERTY

a) Details of damage

b) Estimate of loss or damage (s)

c) Is there any other insurance cover in force of the damaged property? Yes No

If selected Yes, please complete the following details

Type of Insurance (s)

How much are you claiming?

d) Has any claim been made upon you? Yes No

If Yes, by whom and for what amount?

Note: Any correspondence must be forwarded immediately to the Company

d) Have you in any way admitted Liability? Yes No

e) In your opinion who was to blame?

5. WITNESSES

Name and addresses of all witnesses

A Name

Address

Contact Number

B Name

Address

Contact Number

I hereby declare that to the best of my knowledge and belief the statements and particulars contained herein are truthfully made and that i have not withheld any material fact concerning the accident or the injured party

Signature of Insured or his/her broker or legal representative

Date and Time

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT (To be submitted to the Sacos office)

- Duly filled and signed claim form
- Police Report (If Burglary and Insured for Guest Effects)
- Police Statement (If Burglary and Insured for Guest Effects)
- List of damaged or loss items
- Invoices/Receipts/Pro-Forma Invoices for Loss or damaged items
- Medical Report of injured person
- Death certificate (Incase of accident resulting to deaths)