

PUBLIC LIABILITY ACCIDENT REPORT FORM

Minet Namibia Insurance Brokers (Pty) Ltd
Risk Consultants and Insurance Brokers

INSURER		POLICY NUMBER	
		Claim No.	
BROKER			
INSURED	Name		
	Address & tel. no.		
	Business or occupation		
DESCRIPTION OF ACCIDENT	Date & time		
	Place where accident occurred		
	State exactly how the accident occurred		
	(continue overleaf)		
WITNESSES	Name, address & tel. no.	1.	2.
POLICE	If reported to police, state which station & reference number		
PROPERTY DAMAGE			
PERSONAL INJURIES	Name, address & age of injured person	1.	2.
	Details of injuries		
RELATIONSHIP	If person named above is your service, or your tenant, or related to you, give full details		
CLAIM	If claim made against you give details & attach any correspondence		
DECLARATION	I/We declare that to the best of my/our knowledge the above statements are truly made.		
	Insured's signature	Capacity	Date