

HELEN KING

"AN AUTHORISED FINANCIAL SERVICE PROVIDER"

NANINI 390 CC t/a HELEN KING

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Address: 40 Milner Road, Essenwood, Durban, 4001 Postal Address: Postnet Suite 190, Private Bag X10, Musgrave Road, 4062

PUBLIC LIABILITY CLAIM FORM

Insurer

Insurer:	
Policy Number:	

Insured

Name:	
Identity Number:	
VAT Number:	
Company Registration Number:	
Business or Occupation:	
Physical Address:	
Contact Number:	

Description of Accident

Date :		Time:	
Place where accident / incident occurred:			
State exactly how the accident / incident occurred:			

Witnesses

Full Name:	Contact Number:	Physical Address:

Police

If reported to the police please provide the following information:		
Police Station:		Police Reference No:

Property Damage

Name of Owner:	
Contact Number of Owner:	
Address of Owner:	
Description of property that was damaged:	
If the person named above is in your service, or is your tenant, or related to you please give details:	
If a claim has been made against you please provide full details and attach all correspondence:	

Personal Injuries

Name of Injured Person:	
Age of Injured Person:	
Contact Number of Injured Person:	
Address of Injured Person:	
Details of Injuries:	
If the person named above is in your service, or is your tenant, or related to you please give details:	
If a claim has been made against you please provide full details and attach all correspondence:	

Declaration

I/ We solemnly declare that these particulars are true, correct, and complete in every respect.

Full Name:		Capacity:	
Identity Number:		VAT Number:	
Company Registration Number:		Date:	
Signature:			