

PUBLIC LIABILITY CLAIM FORM

Please e-mail to claims@aum.co.za or fax to 0866 812 540

POLICY NUMBER		BROKER	
IMPORTANT NOTES TO READ BEFORE COMPLETING THIS FORM			
<p>1. Aquarius a Division of The Hollard Insurance Company Ltd, does not admit liability by issuing this form.</p> <p>2. A fraudulent claim will result in the loss of all policy benefits and may lead to the instigation of criminal proceedings. Insurers pass claims and underwriting information to the South African Insurance Association (SAIA) to be placed on the Information Sharing Database. The aim is to assist in verifying information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to SAIA.</p> <p>3. Hollard Insurance Company Ltd, reserves the right to at its discretion appoint claims assessors to assist in quantifying losses and verifying the circumstances of the incident.</p>			

INSURED DETAILS

Full Names													
Surname													
ID Number													
Residential Address													
Contact Numbers													
Email Address													

INCIDENT DETAILS

Date of Incident						Time			
Location of Incident									
Brief description of Incident									

CLAIMANT DETAILS

Full Names													
Surname													
ID Number													
Residential Address													
Contact Numbers													
Email Address													
Claimant relationship to Insured													
Details of injury or damage													

SAPS DETAILS

Police Station						Case Number			
Investigating Officer						Contact Number			

BANK DETAILS

Bank Name					Branch Code		
Branch Name					Name of Account Holder		
Account Number					Account Type		

I declare all these particulars to be true. I undertake to forward immediately (and unanswered) any correspondence relating to this incident. I understand that you may seek information from other insurers to verify information provided.

Policyholder Signature						Date		
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NB: Please attach a copy of the Insured & Claimant ID.