

Claim Form

Public Liability

Policy

Policy number

Name of insured (as per policy schedule)

Contact person at insured

Name & Surname

Designation

E-mail address

Cell/Tel number

Third Party details

Name

E-mail address

Cell/Tel number

Incident Date & Place

Date and Time of incident

Place where incident occurred

Physical Address

On what date did the insured become aware of the incident

Description of Incident

Please provide full details regarding the circumstances surrounding the incident

What circumstance or condition caused the incident

Have incidents of a similar nature previously occurred in this area

Has the insured had any discussions with the third party or their representatives which may be of relevance to Chubb

Personal injuries

Full details of injuries suffered by third party

Did the third party have any pre-existing physical disability (eg. Walking stick)

Property damage

Name of property owner

Contact details of property owner

Details of damage caused to property

If the incident involves a motor vehicle please advise the following details:

- Make
- Model
- Registration
- Location where damages suffered on vehicle

Witnesses

Were there any witnesses to this incident

Yes

No

If yes, please provide their name, surname and contact details

Reason for reporting the incident / Claim against the insured

Is this incident reported for notification purposes only?

Yes

No

Has the insured received a verbal or written demand for monetary compensation

Yes

No

If yes, attach to Claim Form

[Add attachment](#)

On what date did the insured receive the written demand

Has the insured been served with a Summons by the Sherriff

Yes

No

If yes, attach document to Claim Form

[Add attachment](#)

What date was the Summons served on the insured by the Sherriff

Has the insured appointed an Attorney or Loss Adjustor to act on their behalf?

Yes

No

If yes, please provide name of company and contact details

What is the amount claimed

Payment

Has the insured made any payments to the third party in respect of this incident

Yes

No

Insured's investigation

Has the insured conducted their own investigation into the incident Yes No

[Add attachment](#)

What is the insured's views / comments on Liability (is the insured of the opinion that they may be liable for the loss suffered). *If yes, please provide reasons* Yes No

What is the insured's view/comments on the amount claimed

Are there other individuals/parties who may have contributed to the incident? (excluding cleaning services)

Are there any additional details which you wish to notify Chubb of

I / We declare that to the best of my/our knowledge the above statement is true

We declare the foregoing particulars to be true and complete and correct in every respect

Insured Name

Capacity

Signature

Data Protection

We use personal information which you supply to us or, where applicable, to your insurance broker in order to write and administer this Policy, including any claims arising from it.

This information will include basic contact details such as your name, address, and policy number, but may also include more detailed information about you (for example, your age, health, details of assets, claims history) where this is relevant to the risk we are insuring, services we are providing or to a claim you are reporting.

We are part of a global group, and your personal information may be shared with our group companies in other countries as required to provide coverage under your policy or to store your information. We also use a number of trusted service providers, who will also have access to your personal information subject to our instructions and control.

You have a number of rights in relation to your personal information, including rights of access and, in certain circumstances, erasure.

This section represents a condensed explanation of how we use your personal information. For more information, we strongly recommend you read our user-friendly Master Privacy Policy, available here: www.chubb.com/za-en/privacy-policy

You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at dataprotectionoffice.RSA@chubb.com

This document respects the WCAG guidelines however the complexity of the form might make the reading order difficult. If you need assistance please contact ecomunications@chubb.com

Chubb. Insured.SM

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