



PUBLIC LIABILITY INSURANCE CLAIM FORM

1. This form is to be completed when the incident is reported / claim lodged.
2. Completed forms must be submitted to:

*Insurance Department
1st Floor, Brackenfell Civic Centre
C/o Paradys and Old Paarl Road
Brackenfell
7560*

By email to: charlene.harmse@capetown.gov.za

By fax to: [086 202 9701](tel:0862029701)

A. PERSONAL INFORMATION OF CLAIMANT:

Full names of the injured or affected person _____

Date of Birth / Identity number: _____

Physical address _____

Contact number(s) : _____ (h) _____ (w) _____ (mobile)

Email: _____

Fax number: _____

Notification reference number, if the incident was reported to the City of Cape Town: _____

B. PLACE, DATE AND TIME OF THE INCIDENT: (photographs depicting location, land marks, street name, sketches to be attached)

Location / Street Name: _____

Suburb / Town: _____

Provide details of any identifiable landmarks near incident site / GPS Co-ordinates:

Date of incident: _____ Time of incident: _____

Visibility : _____ (if applicable)

Direction of travel : _____ (if applicable)

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C. DESCRIPTION OF INCIDENT:

D. WITNESS DETAILS: (if available)

Full names: _____

Physical address: _____

Contact number(s) : _____ (h) _____ (mobile) _____ (w)

E-mail: _____

Relationship to claimant: _____

E. ALLEGED INJURIES: (Only applicable in respect of physical injury claims)

Description of injury (ies) _____

When did the symptoms first appear? _____

Date when first consulted with medical practitioner: _____

Name and Contact Details of medical practitioner/medical facility: _____

F. PROPERTY DAMAGE: (photographs, quotations, damages report required)

List the items/property damaged: _____

Estimated costs of damages: (Rands) _____

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Is the above property insured _____

Details of owner of property: _____

Has a claim been lodged with a personal / short term insurance company? _____

In the event that a claim has not been lodged with a personal / short term insurance policy, or the claim has been repudiated, please attach the following:

a) Letter from the insurance company confirming that no claim has been lodged;

or

b) Confirmation from the insurance company confirming that the claim has been repudiated.

(If the motor vehicle is damaged, a copy of vehicle registration papers must be provided)

G. REASONS FOR HOLDING THE COUNCIL LIABLE:

Signature of claimant: _____ Date: _____