



Please complete and return to:
 claims@insurazoriskpartners.co.za
 Tel: 072 556 5741

LIABILITY CLAIM FORM

INSURER

Insurer:	Broker:
Policy No:	Claim No:

INSURED

Insured:	Identity No:
Mobile No:	Tel No:
Address:	
Postal Code:	Email:

OWN ATTORNEYS DETAILS

Name:	Tel No:
Address:	

DAMAGE / INCIDENT

Date:	Time:
Where did it happen?	
Describe full the event which is the basis for this claim against the policy:	
Was incident reported to Police? Yes No	Date:
Police Station:	Case No:

WITNESSES

Name:	Tel No:
Address:	
Name:	Tel No:
Address:	

OTHER INTERESTS

Has any other party an interest in the Insured Property e.g. Credit Agreement? Yes No	
Name:	Interest:
When last valued:	

BANKING DETAILS

Bank:	Branch:
Account No:	Branch No:
Account Type:	Account Name:

DECLARATION

I/We solemnly declare that I/we have suffered a loss as described above and the said loss/damage occurred in the circumstances above.	
Signature of Insured:	Capacity:
	Date:

NB: IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY IF YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND