

AANSPREEKLIKHEID EISVORM LIABILITY CLAIM FORM

Insurer		Versekeraar	
Policy number		Polisnommer	
Insured	Name and occupation	Naam en beroep	Versekerde
	Address and (day) tel No.	Adres en (dag) tel. Nr.	
Occurrence	Date and time	Datum en tyd	Skadevoorval
	State exactly what happened	Beskryf die voorval	
	Witnesses	Getuies	Beseerde Persoon
	Address of occurrence if different to te insured address	Adres van gebeutenis indien anders as die versekerde adres	
	Police Case No. if applicable	Polisie saak Nr. indien van toepassing	
Injured Person(s)	Name and age of injured person/third party	Naam, ouderdom van beseerde persoon/derde party	Eis
	Address of injurd person/third party	Adres van beseerde persoon	
	Details of injuries	Besonderhede van beserings	
Relationship	What is your relation to the third party?	Wat is jou verhouding met die derde party?	Verhouding
Claim	If claim made against you, give details and attach any correspondence, including approach and quotes	Indien 'n eis teen jou gemaak word, gee besonderhede en heg enige korrespondensie aan, insluitend benadering en kwotasies	

Declaration: I/We declare that to the best of my/our knowledge the above statements are truly made.

Verklaring: Ek/Ons verklaar dat na my/ons beste wete die bostaande verklarings juis afgelê is.

Insured's
Signature /
Versekerde se
handtekening _____

Capacity /
Hoedanigheid _____

Date /
Datum _____



INSURANCE BROKERS

AFGRI Insurance Brokers (Pty) Ltd
is an Authorised Financial Services Provider,
FSP No. 1435. Member of FIA.
V.A.T. No. 491012770



Directors: RJ Simmonds, O van der Fort, TJ Potgieter
Company Secretary: L Fourie **Company Reg No:** 2004/005030/07

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