

Legal Liability Claim Form

**Legal Liability Claims require special attention.
Please assist by answering ALL questions in full and return this form URGENTLY.**

POLICY NUMBER:

BROKER:

Name of Insured:

Address:

Day Time Tel: Cell:
E-mail address:

Date:
Time of the Damage or Injury at am / pm:

Place where the Damage or injury occurred?

State full detail of how the Damage or Injury happened (*Attach relevant documentation*)

In your opinion who was responsible for the Damage or Injury? (*Give reasons*)

State details of Damage or Injury to Third parties:

a) Name:

b) Address:

c) Description and extent of Damage or Injury

Estimated cost of Damage: R

Have you received or do you anticipate receiving, notice of any claim form or on behalf of Third Parties?

YES NO

(If YES give full details)

Have you made any admission of liability or any statement concerning liability?

YES NO

(If YES give full details)

Give names, addresses and telephone numbers of any Witnesses to the Damage or Injury

When and by whom was the Damage or Injury reported to you?

Have you or your employees been injured or your own property been damaged?

YES NO

(If YES give full details)

Have you any other insurance against your liability to the General Public?

YES NO

(If YES, give the Insurance Company and provide details of the policy)

Any further information you wish to add:

DECLARATION

I/We declare that to the best of my knowledge, the above are true statements of fact and that I/WE have not withheld any information relevant to this claim.

I/We will offer every assistance within my/our power to Chartis Insurance Limited or their representatives, in dealing with this matter

I/We agree Chartis Insurance Limited shall have the authority to settle or otherwise deal with any claim made against me/us in respect of the matter.

I/We authorise the disclosure to Chartis Insurance Limited of personal information held by any other person or organisation regarding or affecting this claim, and authorise Chartis to release to any other person or organisation information regarding or affecting this claim.

Dated at _____ This day _____
of _____ 2 _____

Signature of insured _____

Name _____

Address _____

